Reg. Dist. No.

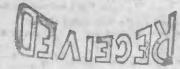
	1. PLACE OF PEATH TO DILLAGE	2. USUAL RESIDENCE (HOME) OF DECEASED	
	COUNTY HIVITE TO VIY JEL MARYLAND	STATE Maryland county Howar	d
	CITY (If outside corporate limits, write RURAL OR and give nearestown) BVRIVIE (In this place)	CITY (If outside corporate limits, write RURAL and give nearest OR TOWN Jessyn / Sylvania	lown)
0	HOSPITAL OR PLAZA MANOR CONV. HOME	STREET (If rural give location) ADDRESS BOX 29	
	S. NAME OF DECEASED (Type or Print) WILBUR (Middle) A	LLEN DEATH MAT	8 (Year) 1957
	5. SEX 6. COLOR OR 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) S/N9/E 7.	Known 81 yrs. Months D	ays Hours Min.
1	10a. USUAL OCCUPATION (Give kind of work done during ment of working life, everyif or INDUSTRY relired)		CITIZEN OF WHAT
	13. EATHER'S NAME, Jour	14. MOTHER'S MAIDEN NAME allan	,
0	15. WAS DECEASED EVER IN U. S. ARMED FORCES? [Yes, no, or yek.] (If Yes, give wer or deles of service)	Lower Brown I	ssups, me
	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	Thombosis	INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, (B)	notice heart disease	
	GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO		
	TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	tract infection	
0	198. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES NO
	OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., etc.]	ic. WHERE DID INJURY OCCUR? (City or town) (County)	(Stella)
	21d. TIME OF INJURY (Month) (Dey) (Yeer) (Hour) 21e. INJURY OCCURRED While Not while at work at work	H. HOW DID INJURY OCCUR?	
1	22. I hereby certify that I attended the deceased from DCC i	79.56., to Mar & 19.5/., that I las	
55 10M-	MIGNATURE JOSEPH Valer M.D. 10:	2 Balto - Augh: Black Nit	DATE SIGNED
A15C 1-	Burial, CREMATION DATE THEREOF NAME OF CEMETERY OR CEM	CREMATORY Cellinocation of County /	(State)
45	24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE RICHTSLY RELEASE RECTOR'S SIGNATURE ADD ADD ADD ADD ADD ADD ADD ADD ADD AD	rel mel
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HTARG TO STADELTED DEATH

BUREAU V. E.

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BUREAU V. S.

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VS. A15ME(5) 5M 9/55

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	4 shauld be	h farm PM3. Page 5 may be retained far your files.	cremation
2	Page		
1	director.	iles.	prior to
1	funeral :	r your f	registrar
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-	, and 3	be reto	and 2 w
-	Pages 1, 2	age 5 may	le poper l
	18. Give	PM3. P	ermit. Fil
	ten.	h form	insil De

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 2487 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

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Reg. Dist. No.

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	ACE OF DEATH COUNTY Anne	Arundel		MARYLAND	2. USUAL RESIDENCE o. STATE Sam		sed lived. If Institu b. COUNT		nce bef	ore admission)
		autside corporate limits, write	RURAL	c. LENGTH OF STAY IN 16			porote limits, write	RURAL and	give no	earest town)
d.	NAME OF HOSPITA	legrove Rd		spital, give street address)	d. STREET ADDRES	Same				ON A FARM?
-DE	AME OF CEASED rpe or print)	Fin William	1	Middle *	Lost	4. DATE OF DEATH	Month	2	Day	Year
5. SE)	K	6. COLOR OR RACE	7. MARRI	EDE NEVER MARRIED 8.	DATE OF BIRTH		9. AGE (In years lost birthday)	IF UNDER	IYEAR Days	IF UNDER 24 HRS.
10a I	M OCCUPATION	Dol.	WIDOWE	D DIVORCED KIND OF BUSINESS OR INDUSTI	2/11/05	late as favoian s	52 yrı.			WHAT COUNTRY
dur	ring most of working Self empl	life, even if retired) oyed in se			Gaston	ia, Geo			J.S.	
	ATHER'S NAME				14. MOTHER'S MAIDE					
	ohn Avery	R IN U. S. ARMED FOI	CESS 114	SOCIAL SECURITY NO. 17. IN	Mary Bart	low	Address	_		
	o, er unknown)	(If yes, give wor or dotes of	ervice)		s. Helen A		rife).			
0	Conditions, if or gove rise to immed o), stoling the u couse lost. PART II. OTH	nderlying DUE TO	DITIONS CO	ONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TE	RMINAL DISEAS	E CONDITION GIV	EN IN PART		P. WAS AUTOPSY PERFORMED?
	00. EXTERNAL CAU RIMARY 00 CON CAUSE OF DEATH.	SE WAS	o. DESCRIB	E HOW INJURY OCCURRED. (E	iter noture of injury in i	Port I or Port II	of item 18.)			
MEDICAL	Oc. TIME OF INJUR Hour o. m. p. m.	Y Month, Day, Yea	While		E OF INJURY (Home, for, street, office bldg.,	orm, 20f. (City etc.)	y or lown)	(Cou	nty)	(Stote)
d	21. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry , and find that death resulted from: Natural causes , Accident , Suicide , Homicide , Undetermined cause .									
Į.				rt,M.D.	ASSISTANT MEDIC	AL EXAMINER	x 3/:	23/57		
B		3-27-57		Arbutus Mem			·CO., MO	4		(Stote)
	aiah L.		Son	ADDRESS 1,108.W.Montg	omery Sta	AR 28	1957	TRAR'S SIG	HATUR	toon .

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Annapolis

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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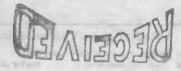
1. PLACE OF DEAT		Item 7 FilmG2]	2 3-26-57 et	ENCE (HOME) OF DE	eg. Dist. No
COUNTY AND	YE ARUN	DEL MARYLAND	STATE Md.	COUNTY	
TOWN 9 C	BURN BURN	LENGTH OF STA	OR TOWN 30	175, SV	1.4
HOSPITAL OF INSTITUTION OF STREET ADDRESS	AZA MANDE	? CONV. HOM	E STREET ADDRESS 34	8 Camme	1 5t
3. NAME OF DECEASED (Type or Print)	NETTLE	(Middle)	BEIL	4. DATE (Moni	(Dev) (Y
5. SEX 6. CO	CE 45 WIDOV	ICB BILLIAD CCB	Ch. 15, 1901	9. AGE lest birthdey 56 yrs.	Months Deys Hours
10s, USUAL OCCUPATION done during most of w retired)	(Give kind of work	OR INDUSTRY	11. BIRTHPLACE (State or 1 BOTTO M		12. CITIZEN OF W.
13. FATHER'S NAME Thomas	Wynn		14. MOTHER'S MAID	N NAME 10V/M	
15. WAS DECEASED EVER (Yes, no, or unk.) (II Yes,	IN U. S. ARMED FORCES? , give wer or deles of service	16. SOCIAL SECURITY	No. 17. INFORMANT Mante		4 208 Carro
I DISEASES OR CONDITION	ONS DIRECTLY LEADING TO	DEATH ATERIA	ideroticke		INTERVAL BE
ANTECEDENT DISEASES OR CONDITION GIVING RISE TO THE ABO STATING UNDERLYING C	15. IF ANY. (B)	Conge	itive hear	t failus	e
TO THE SIGNIFICANT CO TO THE DEATH BUT NOT DISEASE OR CONDITION	NDITIONS CONTRIBUTING	Chronic	e anthriti	3	
I DIRECTOR OF COLIDITION	196. MAJOR FIN	NDINGS OF OPERATION		1179	752 20. AUTO
19. DATE OF OPERATION	ERIVING TI 215 PLAC	E (Home, farm, factory, street, office bldg., etc.)	21c. WHERE DID INJURY OC	CUR? (City or town)	(County) (Sta
	SE OF DEATH OF INJURY	Milest, Onice Diog., atc.)			
190. DATE OF OPERATION 218. ACCIDENT WAS UNE OR CONTRIBUTING CAUS	SE OF DEATH OF INJURY	21e. INJURY OCCURRED While Mot while	211. HOW DID INJURY OC	CUR?	
19. DATE OF OPERATION 21. ACCIDENT WAS UNE OR CONTRIBUTING CAUS (IF EITHER, NOTIFY MEDICAL 21d. TIME OF INJURY (M.	E OF DEATH EXAMINER! Onlh) (Day) (Year) (Hour M. fy that I attended the	21e. INJURY OCCURRED While at work Net white at work of deceased from	irred at 950 A.M. from the	causes and on the d	ate stated above. DATE 1
19. DATE OF OPERATION 21s. ACCIDENT WAS UNE OR CONTRIBUTING CAUSE (IF EITHER, NOTHEY MEDICAL 21d. TIME OF INJURY (M.) 22. I hereby certically alive on	E OF DEATH EXAMINER! Onlh) (Day) (Year) (Hour M. fy that I attended the	216. INJURY OCCURRED While at work Net white of deceased from	19	NR3 10, 19 5	n, stote) Nich-10, or county)

MICE PLANTS STATE OF ATTMINIT OF IVALUE - BALTIMORIC IN

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BUREAU V. K.

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244 CERTIFICATE OF DEATH

Reg. Dist. No. 21

	Reg. Dist. No, ~							
1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED							
COUNTY Anne Arundel MARYLAND	STATE Maryland COUNTY Anne Arundel							
COUNTY Anne Arundel MARYLAND CITY (If outside corporata limits, write RURAL OR and give nearest town) TOWN Annapolis COUNTY Anne Arundel MARYLAND LENGTH OF STAY (in this place) 13 days	City (If outside corporate fimits, write RURAL end give nearest town) OR TOWN Friendship							
HOSPITAL OR INSTITUTION OR STREET ADDRESS Anno Arundel General Hospital	STREET (If rural give location) ADDRESS							
3. NAME OF (First) (Middle) DECEASED (Type or Print) GERMAN L BOWEN	(Lasi) 4. DATE (Month) (Dey) (Yeer) OF March 17 19 57							
Male White (Specify) Married Oc	t. 30, 1886 9. AGE last birthdey IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.							
10s. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Farmer Own Farm	11. BIRTHPLACE (State or foreign country) Maryland 12. CITIZEN OF WHAT USA USA							
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME							
William Benjamin Bowen	Florence Williams							
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.								
(Yes, no, or unk.) (If Yes, give wer or dates of service) no 213-36-3401	Mrs Alen Wood- Reissolak							
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH IMMEDIATE CAUSE (A) CC + Ch - C ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C)	Exotec C V gr.							
District On Compilion Chassing Develing	due to BPH- 5 m.							
196. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION	200 AUTOPSY? YES NO							
219. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 219. ACCIDENT WAS UNDERLYING 219. ACCIDENT WAS UNDERLYING 219. ACCIDENT WAS UNDERLYING OF INJURY street, office bidg., etc.)	21c WHERE DID INJURY OCCUR? (City or town) (County) (Stata)							
21d, TIME OF INJURY (Month) (Dey) (Year) (Hour) 21e, INJURY OCCURRED While Not while at work at work	21f. HOW DID INJURY OCCUR?							
22. I hereby certify that I attended the deceased from alive on 195 and that death occurred signature 23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial March 20,57 Wesley	d at 3 M, from the causes and on the date stated above. 3 No. 1 States and on the date stated above. 3 No.							
24. REC'D BY REGISTRAR DATE MOALLY 57	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS W.H. Hutchens Owings, Maryland							

CIAN OR HOSPITAL: The law requires that the death retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours of certificate has been executed by the attending physician and completely filled in by the funeral director, the death certificate assembly should be detached for use as a burial transit permit.

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BELLEVIN V. S.

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Page		directo	page 3 should be do need for use as the buriot-transit permit. Then please remove carbon papers. Pages 1 and 2 shows be filed with	,	
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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death. Page 4

Ļ	640D	CERTIFICA	ATE OF DEATH	Reg. I	Dist. No.
1	PLACE OF DEATH O COUNTY TO		2 USUAL RESIDENCE (Where do STATE)	eceased lived. If institutions Resid	ence before admission)
L	-bull bruntil	MARYLAND	22/21/	P COUNTA	, .
	b. CITY OR TOWN (If autside corgonale limits, write c. LEN RURAL and give nearest town)	GTH OF STAY IN 16	c. CITY OR TOWN (If outside	corporate limits write RURAL an	d give nearest town)
	Ruthing washing 1	c nu	Kuthian	111) Nelatit	75) 🚜
	d NAME OF HOSPITAL (If not an hospite), give street oddress) OR INSTITUTION	nd.	d. STREET ADDRESS	in Road	#. IS RESIDENCE ON A FARM? YES NO
3.	NAME OF First	Middle ,)	[qst 4, 1	DATE Month	Day Year
	OECEASED (Type or print) MARIAN COL	E BE		DEATH UILATI	13 1957
S	SEX 6. COLOR OR RACE 7. MARRIED	NEVER MARRIED	A DATE OF BIRTH		ER TYEAR IF UNDER 24 HRS
	Travially Wifeth WIDOWED ET	DIVORCED	KUL 15, 197	lost birthday) Months	Doys Hours Min
10	USUAL OCCUPATION (Give kind of work done 10b. KIND O during most of warking life) even if fetired)	F BUSINESS OR INDUS	TRY 11. BIRTHPLACE (State or fo	reign country) / 12 (ITIZEN OF WHAT COUNTRY?
	A July Price (1)	Home	13atting	11 11111	
13.	FATHER'S NAME		M. MOTHER'S MAIDEN NAME	7	
	Thomas Muse		Haltila.	braila)	
15	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL III. (If you, give wor or date of service)	SECURITY NO. 17 IF	NFORMANT	Address	VIC 1
Ĺ		Lu	ich to Stant	2 410 town	well Wand
Г	18 CAUSE OF DEATH [Enter only one cause per line for to). [b], ond (c}.]			INTERVAL CETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	iterond	leratic Helli	K Disease	INTERVAL SETWEEN
	DUE TO				
	Conditions, if any, which				
	gave rise to immediate couse (a), stating the under	**			
	lying couse lost.				
Z	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIB	UTING TO DEATH BUT	NOT RELATED TO THE TERMINAL	DISEASE CONDITION GIVEN IN PA	ART 1(o) 19. WAS AUTOPSY
3		13-67	with		YES NO TO
CERTIFICATION	200. ACCIDENT WAS UNDERLYING 1 20b. DESCRIBE HOOR CONTRIBUTING 1 CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	OW INJURY OCCURRED	D. (Enter nature of injury in Part I	or Part II of item 18.)	
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY O	CCURRED 200. PL	ACE OF INJURY (Home, farm, 20	f. (City or town)	(County) (Stole)
MEDICAL	Hour o. ft. While _ No	of while for	dory, street, office bldg., etc.)		(County) (Store)
	21. I certify that I attended the deceased from		1956, 10 MY	DON 3, 1957, that	last saw the deceased
	alive on 3-13 1957	, and that death	occurred at 3 1501 M	from the causes and on	the date stated above.
	0 0 0 0	9.		ESS (Street) city or fown, state)	DATE SIGNED
	SIGNATURE TO TOWN OU	a,	40 A609 VTD	· Tutelalt	9/may 5-13-J
	PHYSICIAN'S DATICALIA	A) Di	Bank	1	
L	NAME (Type) T 10 T 10	HNVI		Junior do	My
7	REMOVAL (Specify) 226. DATE THEREOF 22c. N	MESTES	R CREMATORY 22d.	Jacks City, town, or county	-Me (State)
22	FUNERAL DIRECTOR'S SIGNATURE	DORESS	24o. REC'D BY	REGISTRAR 246. REGISTRAR'S	RONATURE
1	This F. Jours Doll call	chusen	CHUR DATIONS	5 57 Ull-Leave	LA
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VS A15 (4) 1SM 9/SS

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7		PLACE OF DEATH COUNTY A . MARYLAND	2 USUAL RESIDENCE (Where deceased lived if institution: Residence before admission) o. STATE b. COUNTY
	1	C. LENGTH OF STAY IN 1b RURAL and give negrest (swin) MUCLOUS II T No. d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X. Chrospolis P. F. L. 4 Md d STREET ADDRESS
		NAME OF PURST Middle	Con a Farm? YES NO DATE Month Day Yeor
	5 5	(Type or print) SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED Wildowed DIVORCED DIVORCED	B. DATE OF BIRTH 1 - 8 - 1889 9. AGE (In years FUNDER 1 YEAR IF UNDER 24 HRS. Hours Ho
	(USUAL OCCUPATION Give kind of work done (C)ng most of working life, even if retired) C. ngmusi FATHERISNAME	a a lo md. 2. S.A.
)	1/	Tuesard Tilgham Brice	Mary Clincheth Stencheomb
>	(Yes.	no or unknown) (If yes, glyd war or dates of service)	orman E. Brice Jr. (2)
		1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Conditions, if ony, which gove rise to immediate couse (o), stating the under-lying couse lost. (c)	This for onset and open onset and open onset and open onset and open of the set of the s
3	ICATION		T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED?
	CER	OR CONTRIBUTING I CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ED. (Enter nature of injury in Port t or Port II of item 18)
	MEDICAL	20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e. Please of work of	LACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) octory, street, office bldg., etc.)
		21. I certify that I attended the deceased from alive an 3-9-1952, and that death	h occurred at 1000 M, from the causes and an the date stated above. ADDRESS (Street, city or lown, stote) DATE SIGNED M.D.
		PHYSICIAN'S AMES RI MARTIN	6 SHRW STOOLIS MD
	16	BURIAL CREMATION, 276. DATE THEREOF 225 NAME OF CEMETERY COMMAN (Specify) May -12-57 Color B	OR CREMATORY 22d. 10CATION (City, town, or country) (Stote)
	23	FUNERAL DIRECTOR'S SIGNATURE GER LOS ADDRÉSS	LOMP ALL IS THE STRANGE STRANGE SIGNATURE

B. V UALITUE

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No.

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VS. A15ME(5) 5M 9/55 02465

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	PLACE OF DEATH	n	11			2. USUAL RESIDENCE		here decease	d lived. If institu				
	Mnne	HYLLUCE	2	MARYI	LAND	Md Md	L _B		b. COUNT	В	TT	1 m 0 1	re
ŀ	ond give nearest town)		RURAL	c. LENGTH OF STAY II	N 1b			-	rote limits, write	RURAL or	d give r	rearest to	own) V
	Sandy Poi					03x02		altim	ore.				
- 4	I. NAME OF HOSPITAL	OR INSTITUTION (If not in hos	pital, give street address)	d. STREET ADDRE	ESS					e. IS R	A FARM?
	Against	the jett	y			2123 S	pa	rrows	Point	Rd.		YES [] NO []
	NAME OF DECEASED (Type or print) J1	mmie Mye		ampbell		Lost		4. DATE OF DEATH	Month Larch	22	Day		Year 19
5. 1				ED NEVER MARRIED	m 8.	DATE OF BIRTH		5	AGE (n years			200	ER 24 HRS.
	M	W	WIDOWE			12/28/28	3		28 yrs.	Months	Doys	Hours	Min.
10a	USUAL OCCUPATION furing most of working fi	ife, even if retired)	done 10b. 1	CIND OF BUSINESS OR II	NDUSTR	11. BIRTHPLACE (- ,	ontry)	12. CI		E WHAT	COUNTRY
13.	FATHER'S NAME HINDY CAL	PBELL				14. MOTHER'S MAID	NI'		TY				
15. (You	WAS DECEASED EVER	N U. S. ARMED FO		SOCIAL SECURITY NO.	2	PAMI SI			Address				
	18. CAUSE OF DEATH	Enter only one cau	se per line	for (a), (b), and (c).]							INTE	RVAL BETW	EEN
	PART I. DEATH 1	WAS CAUSED BY: MEDIATE CAUSE (o)		Drawni	411						043	ET AND DE	Ain
	929.9	DUE TO		TO TOTAL	/								
	Conditions, if any,			/									
	gave rise to immediat	e Couse											
	(o), stating the und	erlying DUE TO											
CATION	PART II, OTHER			ONTR BUTING TO DEATH	BUT N	OT RELATED TO THE T	TERMIN	NAL DISEASE	CONDIT ON G VI	EN IN PAI		9 WAS PERFO	AUTOPSY ORMED?
CERT:FI	20a. EXTERNAL CAUSE PRIMARY II or CONTR CAUSE OF DEATH.	WAS IBUTING []	b. DESCRIBE	HOW INJURY OCCUR	RED. (Er	ter nature of injury is	n Part	l or Part II a	fitem 16)				
MEDICAL	20c. TIME OF INJURY Hour o. m. p. m.	Month, Day, Yeo	White	Not white of work	e. PLAC focto	E OF INJURY (Home, ry, street, office bldg.	form, , etc.)	20f. (City o	or town)	(Co	ounty)		(Stote)
	21. I certify that	1 taak charge	af the r	remains described	abay	e, held an Aut	арзу	Ins	pection [7],	Inqui	гу 🗍	, and	find the
	death resulted fr	am: Natural	causes [, Accident	Suic	ide 🔲 , Hamid	cide	, Unc	determined c	_	_		
	ACTUAL SIGNATURE	Mi 1/	nous	7/	-	M.D. CHIEF MEDICA	AL EXA	MINER [SIGNED
	EXAMINER'S NAME (Type)	y		· O		ASSISTANT MEDIT				3	23	-5	7
220	BURIAL, CREMATION, REMOVAL (Specify)	226. DATE THEREO	F	22c. NAME OF CEMETER	RYORG	REMATORY PARK		22d. LOCATIO	ON (City, town, o	or county)	, ja	(Stat	e)
23.	FUNERAL DIRECTOR'S S		ارسانونۍ و ،	ADDRESS			REC'D	BY REGISTRA		TRAR'S SI	GNATU	RE /	
	र स्वायानाम् स्वयं र	airinin 91 tio	ואָיד החוגלי	וולפונט ועלו ב	ng.	77 A A	BA.	200	1057 -	1. 20	6 2	Yel.	ill

CBV CENTRAL

BUREAU V. S.

		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
		, 2492 CERTIFICATE OF DEATH Reg. Dist. No.
Sand Hallands		ACCE OF DEATH AND FARVINDEL MARYLAND 2 USUAL RESIDENCE (Where deceased I ved. If institution; Residence before admission) 5 STATE 5. COUNTY 6. COUNTY
•		CITY OR TOWN (If Sutside corporate limits, write RURAL and give nearest town) RURAL and give nearest fown) 4 DAVS 3alt: more
		OR INSTITUTION PLAZAMANOR CONVI HOME 1509 Lemon ST. IS RES DENCE ON A FARM? YES NOW
	L	NAME OF DECEASED JOHN CARROLL 4. DATE OF DEATH MONTH Day Year 1957
	5 :	MIDOWED DIVORCED Jan. 14, 1884 Tayrs. Months Days Hours Min
×		USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPIACE (State or foreign country) LABORER Un Known 12. CITIZEN OF WHAT COUNTRY Un Known 4. S.
		Henry Carroll Margert Fletalar
		WAS DECEASED EVER (NU. S. ARMED FORCES? 16, SOCIAL SECURITY NO 17, INFORMANT CONCELL SECURITY NO 17, INFORMANT CONCELL SECURITY NO 18, SOCIAL SECURITY NO 18, SO
		18. CAUSE OF DEATH (Enter only one couse per line-for (a), (b), and (c)) PART 1. DEATH WAS CAUSED BY IMMEDIATE CAUSE (c) CERE IS ROVA PCULAR ACCIDENTIONSET AND DEATH
		Conditions, if any, which) DUE TO ARTERIOJCEROSIS GENERAL
		gove rise to immediate case (a), stating the under- lying cause last. OUE TO
ating	CATION	PART 18. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES \[\Box\ NO \[\Box\]
	CERTIFI	20a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port II of item 18.)
	MEDICA	20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED Hour a. m. P. m. 19 20d. INJURY OCCURRED FOR INJURY (Home, farm, 20f. (City or lown) (County) (State) foctory, street, office bleg., etc.)
		21. I certify that I attended the deceased fram. 12 13, 195), to 123, 195), that I last saw the decease alive an 1957, and that death occurred at 430PM, fram the causes and an the date stated above
,		ACTUAL SIGNATURE WE END 10ler M.D. 102 Balto - Armop, Blod, M. & 3-63-
/		PHYSICIAN'S JOSEPHTALER Cleu Burnie, Ma.
	220	BURIAL, CREMATION, 220. DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) (Stote)
,	23.	FUNERAL DIRECTOR'S SIGNATURE ADDRESS
		alle Venna. ave

BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

BUREAU V. S.

7,891 11 AAM

MEGETAL

Annapolis, Md.

CERTIFICATE OF DEATH

2493 Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (HOME) OF DECEASED Maryland Anne Arundel COUNTY Anne Arundel COUNTY MARYLAND STATE (If outside corporeta limits, write RURAL and give nearest town) (It outside corporate limits, write RURAL LENGTH OF STAY OR end give neerest town town Millersville Annapolis TOWN STREET (If rural give location) HOSPITAL OR INSTITUTION OR STREET ADDRESS Sanns Nursing Home ADDRESS 2062 West Street (Middle) DATE (Month) 3. NAME OF (Lest) (Year OF 57 DECEASED MARCH COALE JAMES SAMUEL (Type or Print) DEATH 19 S. SEX 6. COLOR OR B. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS 7. SINGLE, MARRIED, 9. AGE lest birthdey WIDOWED DIVORCED (Specify) W100 W50 March 7, 1878 Months Deys Hours Male CITIZEN OF WHAT 10a, USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS 11. BIRTHPLACE (State or foreign country) 12. done during most of working life, even if retired FATHOI Own Farm Prince George County, Md. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Suit Willie Thomas E. Coale 17. INFORMANT & ADDRESS IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. Mrs Mildred Thompson- Daughter- Bowle, Md. (Yes, no, or unk.) (If Yas, giva war or detes of servica) INTERVAL BETWEEN 18. MEDICAL CERTIFICATION I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH IMMEDIATE CAUSE ANTECEDENT CAUSE(S) Aztoric Schonisia DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19a. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES -NO LA 21c. WHERE DID INJURY OCCUR? (City or lown) 21a. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, farm, factory, OR CONTRIBUTING | CAUSE OF DEATH OF INJURY street, office bldg., etc.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. TIME OF INJURY (Month) (Day) 21s. INJURY OCCURRED 21f. HOW DID INJURY OCCUR? While Not while et work el work 22. I hereby certify that I attended the deceased from May 19, 1957, to May 2, that I last saw the deceased 19.5.7...., and that death occurred at 5.2.2.4M, from the causes and on the date stated above NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) BURIAL, CREMATION, REMOVAL (SPECIFY) DATE: THEREOF Mt. Zion Methodist Cemet. Lothian, Maryland -23-57 Burial 28. FUNERAL DIRECTOR'S SHOWATURE 24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE

environ k F

25.7 ~ CV

PA - 3-99

53

1. PLACE OF DEATH

COUNTY

TOWN

3. NAME OF

5. SEX

Female

HOSPITAL OR INSTITUTION OR

STREET ADDRESS

DECEASED

(Type or Print)

13. FATHER'S NAME

(Yes, no, or unk.)

Anne Arundel

Fort George G.

LINDA

(If Yes, give war or dates of service)

(A) DUE TO

DUE TO

(Yeer)

22. I hereby certify that I attended the deceased from 17 War.

DATE THEREOF

JOSEPH BA

(If outside corporate limits, write RURAL and give necessitown)

6. COLOR OR

White

None

Ralph Ellridge Coward

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

15. WAS DECEASED EVER IN U. S. ARMED FORCES?

IMMEDIATE CAUSE

ANTECEDENT CAUSE(S)

11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE

DISEASE OR CONDITION CAUSING DEATH,

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

(IF EITHER, NOTIFY MEDICAL EXAMINER)

21d. TIME OF INJURY (Month) (Day)

alive on 18 Mar

19a. DATE OF OPERATION

RACE

10a. USUAL OCCUPATION (Give kind of work

done during most of working life, even it

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE

MARYLAND

LENGTH OF STAY (in this place)

Army Hospital

SINGLE, MARRIED

(Specify)

WIDOWED, DIVORCED,

196. MAJOR FINDINGS OF OPERATION

21b PLACE (Home, farm, factory,

OF INJURY street, office bldg., atc.]

et work

..., 19......5.7....., and that death occurred at

Middle

Single

10b. KIND OF BUSINESS

OR INDUSTRY

None

None

Immaturi tv

21e. INJURY OCCURRED

Not while

NAME OF CEMETERY OR C Baltimore

et work

16. SOCIAL SECURITY NO.

18. MEDICAL CER

GAIL

hrs 23 min

8. DATE OF

02469

OF DE		I M	eg. D	ist. No.	27
2. USUAL RESIDE	NCI				
STATE Maryl	and	COUNTY timils, write RURAL a	Ann	e Arui	ndel
TOWN		Timils, write RUKAL a	nd give	neerest fown)
STREET	on	(If rural giv	e locali	onl	
ADDRESS	l Go o			****	
(Lest)	METER	de Cabins	th)	(Dey)	(Year)
COWARD		DEATH	Mar	rch '	18 19 57
BIRTH	9.	AGE lest birthday	IF UN	DER 1 YEAR	IF UNDER 24 HR
arch 1957		yrs,	Month	ns Deys	Hours Min.
1. BIRTHPLACE (State or fo	reign	country)		12. CITIZI	N OF WHAT
Maryland 14. MOTHER'S MAIDEN	1 314 /	MAR.		USA	
Joyce Ma:	ADD	RESS Father	er Ti	ort Me	ando.
Cabins.	Ode	nton. Mary			7 & CIE
TIFICATION			<u> </u>	INTE	RVAL BETWEEN
					ers 23 mi
				YES YES	D. AUTOPSY?
c. WHERE DID INJURY OCC	UR?	(City or town)	((County)	(State)
of them are the same					
IF. HOW DID INJURY OCC	UK?				
19.57, to 18. 1:504M, from the 150 AM ADI	Ma caus	r, 19.57. ses and on the c	, tha late st	at I last sar	w the deceased te.
SAH. Fort G.	G	Meade Mo			
tional	E	Balto Md.			

death. Nours lirector, fulleral within ragistrar the 5 .⊆ #i¥ filled ■er≡it. filed and completely or attending physician. burial transit The faw requires that the death certificate be e attending physician delached for use as a the Ę. plnods P. noma PUBLICAL DIRECTOR: death certificate assembly Pellin certificate

by the hospital De bottom 2

SICIAL

24. REC'D BY REGISTRAR DATE 18 Mar 57

SIGNATURE

BURIAL CLEMATION, REMOVAL (SPECIFY)

25. FUNERAL DIRECTOR'S SIGNATURE

ADDRESS

Wm. Cook Inc. 1217 St. Paul Street Balto 2



ENBEVN A' &'

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 **CERTIFICATE OF DEATH** Reg. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) COUNTY **b.** COUNTY b. CITY OR TOWN (If autside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) RURAL and give negrest lawn) d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e IS RESIDENCE OR INSTITUTION ON A FARM? YES NO M NAME OF Middle 4. DATE Month Day Year DECEASED (Type or print) DEATH 19 5. SEX 6. COLOR OR RACE AGE (In years lost birthdoy) IF UNDER TYEAR IF UNDER 24 HRS 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH Months Dovs Haurs Min. NIDOWED □ DIVORCED T 100. USUAL OCCUPATION (Give kind of work dane) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY during most of warking life, even if retired) Merchan = 7 mal () 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 202 maye. 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANI Address 18. CAUSE OF DEATH YEnter only one cause per line for (a) -(b), and (c) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY-POC 2 **DUE TO** Canditians, if any, which (b) gove rise to immediate **DUE TO** couse (a), stating the underlying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? 42011 YES NO 20a. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part II or Part II of item 18.) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) 20c. TIME OF INJURY Day, Year 20d. INJURY OCCURRED (County) (Stote) foctory, street, office bldg., etc.) Hour a. ft. While Not white at wark at ot work p. m. 21. I certify that I attended the deceased from. 19____that I last saw the deceased and that death occurred at ZPM, from the causes and an the date stated above ADDRESS (Street, city or lawer-state DATE SIGNED ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) agod BEMOVAL (Specify) 23, FUNERAL DIRECTOR'S SIGNATURED **ADDRESS** MINEGISTRAR'S SIGNATURE 24a REC'D BY REGISTRAR Taylor Sono 15M 9/55

2 .V UATEL T

DECENTED SE

	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
1	2495 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Items 1,9 Film (2)2 3-15-57 et Reg. Dist. No. PLACE OF DEATH (1) (2) USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission)
V	b. CITY OR TOWN IN outside corporate limits, write RURAL C. LENGTH OF STAY IN 1b C. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest rown)
-3-	and give nearest sown in the state of the st
DOA-	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM YES NO
3.	NAME OF DECEASED (Type or print) Name Of DeceaseD (Type or print) North Doy Year OF DEATH 3 - 2 - 195
	SEX MALE 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9 AGE (In your light birthday) Months Days Hours Min
10	Od. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) during most of working life, even if retired)
13	FLECTRIC #1711 Undergland U.O.F.
	5. WAS DECEASED EYER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address
1.5	(81, no, or unknown) (If yes, give war or doles of service) Fort Meade Hospital Records 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: ONSET AND DEATH
13	18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate cause (o), storing the underlying cause lost. DUE TO Couse lost.
(40)	18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), ond (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate cause (o), storing the underlying cause lost. (c)
MEDICAL CERTIFICATION	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (o), storing the underlying (c) PART II, OTHER SIGN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDIT ON GIVEN IN PART 1(a) 19 WAS AUTOPS PERFORMED? YES, NO CAUSE OF DEATH. 20a. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port II of item 18.)
CERTIFICATION	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), ond (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate cause (o), storing the underlying (c) PART II, OTHER SIGN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDIT ON GIVEN IN PART 1(a) 19 WAS AUTOPS PERFORMED? YES, NO 200. EXTERNAL CAUSE WAS PRIMARY GO CONTRIBUTING CONTRIBUTING CONTRIBUTING CAUSE OF DEATH. 200. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, 20f (C Iy or town) (County) (Store bidg., etc.)
CERTIFICATION	18. CAUSE OF DEATH [Enter only one course per line for (o), (b), and (c).] PART I. DEATH WAS CAUSE (o) Lid
MEDICAL CERTIFICATION	18. CAUSE OF DEATH [Enter only one course per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate course (o), storting the underlying course lost. PART II. OTHER SIGN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDIT ON GIVEN IN PART 1(a) 19 WAS AUTOPS PERFORMED? YES, NO 20c. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 22c. PLACE OF INJURY (Home, form, foctory, street, office bidg., etc.) 1. I certify that I tack charge of the remains described above, held an Autopsy Inspection Inquiry , and find the death resulted from Natural causes Accident , Suicide , Hamicide , Undetermined cause ACTUAL ACTUAL SURPAL RECOTAS INDURY (A), STEWAR SERVIEN NOSET AND DEATH. ONSET AND DEATH. O
MEDICAL CERTIFICATION	18. CAUSE OF DEATH [Enter only one course per line for (o), (b), and (c).] PART I. DEATH WAS CAUSE (o) Lid

BUREAU V. S.

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1		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
4		2449 CERTIFICATE OF DEATH Reg. Dist. No.
Poge director iled wit	1.	PLACE OF DEATH a. COUNTY ANNE ARVINDEL MARYLAND 2. USUAL RESIDENCE (Where deceased lived if institution Residence before admission) b. COUNTY ANNE ARVINDE
funerol		b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) RURAL and give nearest 10m) LIS SUNRISE BEACH 1448. × SUNRISE BEACH
urs after by the d 2 sho		d NAME OF HOSPITAL (If not in hospital, give street oddiess) OR INSTITUTION ARMYDEL GEN. d. STREET ADDRESS ON A FARM? YES □ NO PLAR DR ON A FARM? YES □ NO PLAR DR
illed in	3	NAME OF DECEASED DOROTHY Middle DODA PETH DOOR OF First Month Doy Year OF DEATH OF D
d within	5.	SEX 6. COLOR OF RACE 7. MARRIED NEVER MARRIED 1 8 DATE OF BIRTH 3-8-19 9. AGE (In years If UNDER 1 YEAR IF UNDER 24 HRS as birthday) Months Days Hours Min
execute and camp a pape death.	10	USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) Wew Jersey 12 CITIZEN OF WHAT COUNTRY? New Jersey 13 CITIZEN OF WHAT COUNTRY?
ician and carbon s after d	13.	FATHER'S NAME RALPH SCHUYLER 14. MOTHER'S MAIDEN NAME LORETTA DASH
ng physici remave 72 haurs	15. (Ye	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Many Ella Cotk Gullenston
attendi n pleas r within		18 CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART 1 DEATH WAS CAUSED BY: (MMEDIATE CAUSE (o)
that the by the it. The it even		Conditions, if any, which) (b)
requires in signed nsit perm and in ar		gove rise to Immediate couse (a), stating the under-lying couse last.
physicio as been al-trans aval, a	CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0) 19. WAS AUTOPSY PERFORMED? YES NO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0) 19. WAS AUTOPSY PERFORMED? YES NO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0)
AN: The ending ficote has burnen ar rem	CERTIFI	20a ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH OF EITHER, NOTIFY MEDICAL EXAMINER] 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.)
PHYSIC of ath his certificate use as emotion,	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour a. st. p. m. 19 While of work
hospito After H After H ad far rial, cre		21. I certify that I attended the deceased fram MARCH 22-1957, to Musch 25, 1957 that I last saw the deceased
ATTEN by the ECTO?: e de or to by		alive on 1951, and that death accurred at 1955 F.M., from the causes and on the date stated above. ADDRESS (Street, city ar town, state) ACTUAL ACTUAL 31 32 33 34 35 36 37 37 37 37 37 37 37 37 37
retained RAL DIRE shavid b strar prio		PHYSICIAN'S MAVAICE F. KLAWANS Summashin md
D HOSPITAL may be reta FUNERAL page 3 shou the registrar	22	BURIAL CREMATION, 22b. DATE THEREOF . 22c. NAME OF GEMETERY OR CREMATORY 22d LOCATION [City, town, or county] (Stote)
VS A15 (4)	23.	PUNERAL DIRECTOR'S SIGNATURE ADDRESS JELO MA REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE ADDRESS JELO MA PARTE DA
15M II/33		Janes 2 1957 Janes

BUREAU K. S.

1561 6 86. 113051M

22c. NAME OF CEMETERY OR CREMATORY

. 19____that I last saw the deceased

24b. REGISTRAR'S SIONAKURE

DATE SIGNED

(State)

and that death occurred at _____M, from the causes and on the date stated above.

24a, REC'D BY REGISTRAR

ADDRESS (Street, city or town, slate)

22d. LOCATION (City, town, or county)

21. I certify that I attended the deceased from

2/57

BULE

chews

ADDRESS

alive on

ACTUAL

PERMITTER

NAME (Type

REMOVAL (Specify)

23. FUNERAL DIRECTOR'S SIGNATURE

220. BURIAL, CREMATION, 226. DATE THEREOF

should

n

page

FUNERAL

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	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02474
	2496 CERTIFICATE OF DEATH Reg. Dist. No. 24
*	1. PLACE OF DEATH o COUNTY Anne Arundel 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) b. COUNTY b. COUNTY Anne Arundel Maryland Maryland
-	b. C.TY OR TOWN (If outside corporate limits, write RURAL and give nearest fown) RURAL and give nearest fown)
	Pasadena RFD 37 yrs Pasadena RFD d. NAME OF HOSPITAL (If not in hospital, give street oddress) d. STREET ADDRESS e Is RESIDENCE
	Mountain Rd. Tickneck Road Mountain Rd. Tickneck Rd. YES NO X
	3 NAME OF DECEASED (Type or print) EINIA VIRGINIA DUNIAP DEATH March 25, 1957)
	S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED SEDT 18.1877 Female White WIDOWED DIVORCED Sept 18.1877 9. AGE (In years left under 1 year If under 24 Hrs. The interval of
,	100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11), BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY
/	Housewife (ret.) Own Home Anne ArnndelCo., Md. U.S.A.
	13. FATHER'S MAME
1	John F. Ellison Sarah E. Osborne 15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 177. INFORMANT Address
- J.	
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gove rise to immediate (b) Arteriorelevation, hypertanning Carcles Covise (o), stoling the under lying cause lost. Part II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) PERFORMED? YES \(\text{NO DESCRIBE HOW INJURY OCCURRED (Enlectfolure of injury in Part 1 or Part II of item 18.)} ONSET AND DEATH ONSET AND ONSET AND DEATH ONSET AND DEATH ONSET AND DEATH ONSET AND DE
	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Hour o.m. While Not while of work o
	21. I certify that I attended the deceased from 22 many 20, 19 50, to Marsels 5, 19 57, that I last saw the deceased alive an Island 24, 19 57 and that death occurred at 10/15AM, from the causes and an the date stated above ADDRESS (Street, city or lown, stote) DATE SIGNI
1	SIGNATURE 19. 177. Mc foughten M.D. Fusading Med Man 25:1
	PHYSICIAN'S R.M. McLaughlin M.D. Pasadena, Maryland March 25
	220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCAT ON (City, lown, or county) (Stole) BUTIAL March 27/57 Magothy Ch. Cem. Mountain Road AACO. Hid. 23 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24a. REC'D 84 REGISTRAR'S SIGNATURE
1	Glen Burnie, Md. DATE March 28 1957 LS Lat all a
1	atom parming mas form there and the first of

BECEIVED

BUREAU V. R.

2497 CERTIFICATE OF DEATH

Reg. Dist. No....

COUNTY AUM & Army de LMARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED-
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY	CYTY (II A TO THE TOTAL THE TOTAL TO THE TOTAL THE TOTAL TO
OR give nearest town)	CITY (If outside corporate limits, write RURAL and give nearest town)
TOWN CEST LE FIGLE 4UX	TOWN White HALL Beach
INSTITUTION OR BERLY	STREET (If rural, give location)
STREET ADDRESS	TABLESS CHICAGO MIL
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) (Year)
(Type or Print) Any a	OF MARIE
	C Diam C Diam
E, WIDOWED, DIVORCED,	JAME OF BIRTH 9. AGE last birthday If under 1 year If under 24 hrs. House 1868 7 yrs. Months Days Illours Min.
10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT
done during most of working life, even if retired) INDUSTRY	Germany. Country? S.
13. FATBER'S NAME	14. MOTHER'S MAIDEN NAME
1/2 Vent C. Roenis	?
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	10 THEODAYAND AND ADDING
(Yes, no, or unknown) (If year, give war or dates of	17. INFORMANT AND ADDRESS
)/(// service)	thicken mis court and savel
18. MEDICAL CEI	PETERCATION
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	RTIFICATION INTERVAL BETWEEN ONSET AND DEATH
(D. 6.) Tr	F. (2.10)
Immediate cause (a)	y ractive
Antecedent cause(s)	3 11 - 13/ 320
Diseases or conditions, if any, (b)	CHEVALICES !
giving rise to the above cause stating the underlying cause last	+ 1 e 01 ·
(e)	Caroach
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not), () ()
related to the disease or condition causing death.	Wil I
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street,	Yes No C (CITY OR TOWN) (COUNTY) (STATE)
SUICIDE OF office bldg., etc.)	(SIALE)
HOMICIDE INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCUR!
OF While at Not While	MOM DID INTOIST OCCUR!
INJURY m. Work At work	
195	\
22. I hereby certify that I attended the deceased from I 7	, 19, to
alive on 2 Moil 19 7 and that death occurred at	73/4 m from the course and on the data stated -1
SIGNATURE (Degree or title)	ADDRESS DATE SIGNED
De al Distriction	Care da Karlon Carlon (a)
23. BURIAL, CREMATION DATE NAME OF CYMETER	Service () or (red 5"/1-J)
OBEMOVAL THEORY	
Crimation 1 Mar -14-3/1 Th Sank	
DATE REC'D BY LOCAL TREGESTATION SIGNATURE	24 FUNERAL DIRECTOR ADDRESS
REGAR 11 19:	Herm Il Acidon and Churchand
1 1 1 deline	

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

MILLAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

BUREAU V. S.

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SECENTED

CIAN OR HOSPITAL: The law requires that the death certificate be executed within F retained by the hospital or attending physician.

R: The law requires that the death certificate be filed with the registrar within 7.2 hours INSTRUCTIONS

The bottom copy m

After this

death third

hours, after death.

CERTIFICATE OF DEATH

-		Reg. Dist. No
PE.	2498	
후류	E PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
# # # # # # # # # # # # # # # # # # #	COUNTY CEMPE aunder MARYLAND	STATE MARY 14 nd COUNTY (1) DE URITIGO
in or	OR end g ve/neerest town) LENGTH OF STAY (in this place)	CITY (Il butside corporate firmits, write RURAL and give nearest town) OR
d d	TOWN / 1/6/2 10/2010 6100S	TOWN GIEN BURNIE
7.5 5.5	HOSPITAL/OR	. STREET
垂回 /1	STREET ADDRESS 3 / CETH 1 Readow DRIVE.	ADDRESS 13 NORTH MAGONS DEIVE
E. W.	3. NAME OF (first) (Middle)	(Lest) / A. DATE / (Month) (Dey) (Yeer)
a e	(Type or Print) Lapon hut THEIR FED 1	DOW DEATH MARCH 11 1957
ig =	5. SEX 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE OF	
5.0	MIDOWED, DIVORCED, ITHN	10, 1400 3-7 yrs. Months Deys Hours Min
ŧ.=	10% USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS done during rees) of working life, even if OR INDUSTRY	11. SIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
程 首/	done during mest of working life, even if or INDUSTRY retired) APACAINIST DATINE	1/2C-12/4 as.4.
2 1 2	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	Hope Edwind FEDDON	MARY VIRCLINIA MOOMAN
mpien transit	15, WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	T. INEORMANT & ADDRESS
icate col rial 1	(Yes, go, or unk.) (If Yes, give war or detes of service) 2/2-04-182	Lant EDDON - DAME
and bu	1 DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	TIFICATION INTERVAL BETWEEN ONSET AND DEATH
eth c	MMEDIATE CAUSE (A) CHEDIAC: F.	AI/UIZE 30 MIN
e de ohysi use	ANTECEDENT CAUSE(S) DUE TO CORALGE	Theophosis Ihr
for for	DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE DUE TO	. // 10.2
s the	10) ARIERIOSCIPLO	TIE HEORT DISCUSE 5 YRS
atte etac	TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	When reusin 10 tibs
of a	DISEASE OR CONDITION CAUSING DEATH. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUIOPSY?
Og Ag	The part of granding and are	YES NO IT
The Ited bashould	21a. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, larm, lactory, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc.]	1c, WHERE DID INJURY OCCUR? (City or fown) (County) (State)
	(IF EITHER, NOTIFY MEDICAL EXAMINER)	
RECTOR sen exec assembly	21d. TIME OF INJURY (Month) (Day) (Yeer) (Hour) 21e. INJURY OCCURRED While M. let work et work	21I. HOW DID INJURY OCCUR?
S S S S S S S S S S S S S S S S S S S	22. I hereby certify that I attended the deceased from 12/3/	19-6, to 5/1/, 19-57, that I last saw the deceased
# A A		4. 14.1M, from the causes and on the date stated above.
Figs /	alive on, 19.30, and that death occurred at	ADDRESS (Skept, city, 1970, stete) DATE SIGNED
ERAL Destate has certificate 55 10M	The Freezewal M.D. !!	1 (nttou Red Glan Burnson & 3/4/2)
202		CREMATORY LOCATION (City, town, or county) (State)
certific death A15C 1-	BURIAL 3-14-57 TRINITY E	FISCOPAL UPPER MARIBORO, MI
5 ×	24. REC'D BY RECESTRAR PEGISTRAR'S SIGNATURE	15. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
	DATE LA Seally	Teller Sokobo 14/Strain SI

BUREAU V. S.

Set pi AAM

WECE ON SU

TO DEFUTY MEDICAL EXAMINER: This certificate shauld be executed within 24 hours ofter death. If any delay is necessory, please exact the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the handless Examiner's Office along with form PM3. Page 5 may be retained far your files.

TO FUNERAL DIRECT Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the registrar prior to the companion. PLACE OF DEATH cute the certificate, v forworded to the TO FUNERAL DIREC or removal. VS. A15ME(S)

5M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 253 EDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist. Q2479

	1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
	a. COUNTY Anne Arundel MARYLAND	o. STATE Maryland b. COUNTY Arme Arundel
	b. CITY OR TOWN (If outs'de corporate limits, write RURAL ond give necrest fown)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	the gradient towns	/C Annapolis
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress)	d. STREET ADDRESS • 15 RESIDENCE
	Anne Arundel General Hospital	310 Chesapeake Avenue
	3. NAME OF First Middle	E 1 QUE DATE Month Day Year
	(Type or print) ALBELT ALBELT	FISCHER DEATH March 17 1957
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8.	PATE OF SIRTH P. AGE (In yours IF UNDER TYEAR IF UNDER 24 HRS.
	Male White WIDOWED DIVORCED	June 2-193/ 25 yrs. Months Days Hours Min.
2	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTI during floor of working life, even if retired) (CLUMA) (CLUS - Oysley)	11. SIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?
,	13. FATHER'S DOSME	14. MOTHER'S MAIDEN NAME Monday
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IN 194 po, or yoknown) 1957 - 1954	harles W. Fisher Address (2)
	18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) Massive Hemoperit	coneum secondary to
	/2 X Ruptured Liver	
	Condition if you with h	
	gave rise to immediate cause	
	(a), staling the underlying OUE TO	
	7	OT RELATED TO THE TERMINAL DISEASE CONDIT ON G VEN IN PART 1(a) 19 WAS AUTOPSY
	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	PERFORMED? YES 🔁 NO
		hier nature of injury in Part I or Part II of item 16.)
	206. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING DESCRIBE HOW INJURY OCCURRED. (EACH CAUSE OF DEATH.)	
- [\$ 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e. PLAC	E OF INJURY (Home, form, 120f (City or town) (County) (State)
	20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e. PLAC While Of work of work of work of work	Street Parising A.A. Md.
	21. I certify that I taak charge af the remains described above	
		ide . Homicide . Undetermined cause .
	16/10/18	
	SIGNATURE / MUI / MUI	CHIEF MEDICAL EXAMINER DATE SIGNED
		ASSISTANT MEDICAL EXAMINER 3/18/57
	EXAMINER'S NAME (Type) Paul F. Guerin, M.D.	DEPUTY MEDICAL EXAMINER
	22a. BARIAL, CREMAT ON, 22b. DATE THEREOF. 22c. NAME OF CEMETERY OR	CREMATORY 22d LOCATION [City, town, or county] [Side]
	Sural Mar-20-1957 Helecres	1 amartin Ma.
	23_EUNERAL DIRECTOR'S SIGNATURE / ADDRESS /	MO 240. REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE
	John M. Layler sons Connepole	DATE 3/19/5-7

DECEIVED

BUREAU V. S.

ND STATE DEPARTMENT OF HEALTH-BALTIMORE. 18

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VS A15C 1-55 10M.

INSTRUCTIONS

02481

2499 CERTIFICATE OF DEATH

V	~	7	U	4

Reg. Dist. No.....

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED	
COUNTY A A MARYLAND	STATE MD COUNTY AA	
CITY (If outside corporate limits, write RURAL LENGTH OF STAY	CITY (H outside corporate limits, write RURAL and give nearest tow OR	·n)
OR and give nearest town) TOWN A C + W C // TO YY S	TOWN A/U+100/	
HOSPITAL OR	STREET (if rurel give location)	
INSTITUTION OR STREET ADDRESS	/ ADDRESS	
3. NAME OF (First) (Middle)	(Lest) 4. DATE (Month) (Dey)	(Year)
(Type of Print) SUSAN REBECCH F	ORD DEATH 3 25	1957
5. SEX 6. COLOR OR 7. SINGLE, MARRIED, RACE WIDOWED, DIVORCED,		_
Feinale White (Specify Widow OCT	9 18-72 8-4 yrs. Months Deys	Hours Min.
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if OR INDUSTRY		ZEN OF WHAT
refired) Housewife	rince Freo rye Co Md.	211011
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Jesse TROTT	Barbara Ann Wilkerson	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, op unk.) (If Yes, give wer or detex of service)	17. INFORMANT & ADDRESS	1 111
NO NO	· Annie S. Wilson, Tracy	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		TERVAL BETWEEN NSET AND DEATH
A MMEDIATE CAUSE (A) Coloral Va	soula Arita I	1 days
DISEASES OR CONDITIONS, IF ANY, (B)		
GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, DUE TO		
(C) 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
TO THE DEATH BUT NOT RELATED TO THE DISEASE OF CONDITION CAUSING DEATH.		
196. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
21e. ACCIDENT WAS UNDERLYING 21b PLACE (Home, ferm, fectory, 2	1c. WHERE DID INJURY OCCUR? (City or town) (County)	(Stele)
OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., etc.) (IF EITHER, NOTIFY MEDICAL EXAMINER)	ic. Where old floury occor (city or lown) (County)	(3) 616)
21d. TIME OF INJURY (Month) (Dey) (Yeer) (Hour) 21e. INJURY OCCURED While Not while et work et work	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from . 15	e., 195.7, to 25. had, 195.2, that I last s.	aw the deceased
alive on		
SIGNATURE	ADDRESS (Street, city, town, state)	DATE SIGNED
11/18 dasser MD.	white Worksond	4-5-51
23. BURIAL CREMATION, DATE THEREOF NAME OF CEMETERY OR BLOCK SPECIFY)	De autoto A	(Stele)
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	7 25. FUNERAL DIRECTOR'S SIGNATURE ADDRE	SS /
MAR 2 - 1957	Bernard Hardesty Holes, 7	ile bird

BUREAU V. 2

This on MAM

BECEINED

INC. Baltimore. Maryland

BUREAU V. S.

DECENA EU

or death. After this

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

02483

CERTIFICATE OF DEATH 02501

Reg. Dist. No..

E P	1. PLACE OF DEATH		2. USUAL RESIDE	NCE (HOME) OF DE	
유	COUNTY Anne Arundel	MARYLAND	Crare Waranaria	WC ANIA	Clumfiald
	CITY (If outside corporate limits, write RURAL OR and give nearest town)	LENGTH OF STAY	CITY III outside com	COUNTY porate limits, write RURAL ar	XPTINOS (Selangesk
1 000	TOWN	(in this place)	OR DuBoi	B m / 1/2 m	A Blag segon towill
72 hours director, tl	Fort George G. Meade				
N.o.	HOSPITAL OR INSTITUTION OR		STREET ADDRESCS TO J. CO.	(II rural gav	
within funeral	STREET ADDRESS U. S. Army Hospit.	m7	ADDRESS 14 W	2nd Avenue	e
3 5	3, NAME OF (First)	(Middle)	(Last)	4. DATE (Mon	th) (Day) (Year)
ă .	DECEASED (Type or Print)			OF DEATH	7.5
registrar by the f	DONN	DOUGLAS	FRENCH		March 18 19 57
P P P	RACE WIDOWED, DIV	ORCED,	OF BIKIH	9. AGE last birthday	Months Days Hours Min.
후.도	Male White (Specify) S	ingle 17 M	arch 1957	угз.	Months Days Hours Hill.
-C 70	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if OR	ID OF BUSINESS	11. BIRTHPLACE (State or for	eign country)	12. CITIZEN OF WHAT
(1)	relired		36	3	COUNTRY?
P 2 2	None No	112	Marvla		USA
1 to 1 to 1				111	
and	Gary Neil French, Sr. 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16	SOCIAL SECURITY NO.	Dorothy	Jean Cable	
も B 芸	(Yes, no, or unk.) (If Yas, give war or dates of service)	SOCIAL SECURITY NO.	17. INFORMANT &	ADDRESS Fathe	er, Laurel Park
B 무료의	No	None	Hotel. Is	urel. Marvla	
and Su	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	18. MEDICAL CE			INTERVAL BETWEEN
- E - E	A SIGNAL OF CONDITIONS DIRECTLY CONDING TO DEATH	,			ONSET AND DEATH
sicii as	, IMMEDIATE CAUSE (A)	notion	Anoxia .		1 d-Mous
hys use	ANTECEDENT CAUSE(S) DUE TO	1.6.			22.31.0
# " P	DISEASES OR CONDITIONS, IF ANY, (8)	receases	Atelectasi	.5	J/4 trous
ted in b	STATING UNDERLYING CAUSE LAST, DUE TO	1-1-1-1-1-	- + -		723/1
as t land	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	rrornana	THE INT	aturity	JU /ghours
uir eta	TO THE DEATH BUT NOT RELATED TO THE	· mal			
Per e	DISEASE OR CONDITION CAUSING DEATH. 190. DATE OF OPERATION 196. MAJOR FINDINGS	OF COEDATION	<i>V</i>		
≥ T.A';	170, DATE OF OFERATION	OF OPERATION			20 AUTOPSY? YES K NO
무스를	210. ACCIDENT WAS UNDERLYING 216. PLACE (Hom-	, farm, lectory,	21c. WHERE DID INJURY OCC	JR? (City or town)	(County) (Slata)
FUNERAL DIRECTOR: The law requires that the death certificate be filled with certificate has been executed by the attending physician and completely filled leath certificate assembly should be detached for use as a burial transit permit.	OR CONTRIBUTING CAUSE OF DEATH OF INJURY STOOL, OF INJURY	offica bldg., atc.)			(year)
2 × 5 × 5	21d. TIME OF INJURY [Month] (Dey) (Yeer) (Hour) 21e. INJURY OCCURED 21l. HOW DID INJURY OCCUR?				
	M. et w				
REC ass	22. I hereby certify that I attended the decea	sed from 1.7 May	ch 1957 10/	& Marking 5	7. that I last saw the deceased
5 mm	alive on 18 March 18 57 and	that death occurred a	5-4 7 M from the	causes and on the d	Interested shows
를 받는 M	alive on F. Mort 19 5 7, and SIGNATURE RICHARD M. VCGUAN	E, Capt, MC	054.7PM" ADI	ORESS (Street, city, town	n, state) DATE SIGNED
2 et c	Brokard M. M. Shran		101 / 50, 23	SAN ELM	10 to ANIVING
FUNERAL DIR certificate has be death certificate a	23. BURIAL, CREMATION, DATE THEREOF	NAME OF CEMETERY OF		LOCATION (City, town	or county) (Sista)
certific death A15C T	REMOVAL (SPECIFY)	Morningsid		Dubois	Pa. (Siera)
S A G G		Moturugard			
F 5	and of they	16-	25. FUNERAL DIRECTOR'S	SIGNATURE 1217 ST. F	ADDRESS OATIT CTD FET
	DATE 19 Mar 57 W.L.SATION.	IST IT, MSC	ALL OUOK THE	* 1011 01* 1	ROD SIRBEI



BUREAU V. S.

W			CERTIFICATE OF DEATH Reg. Dist. No. 02484
director	1	1. 5	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) o. STATE O. COUNTY O. STATE O. COUNTY O. COUNTY
100			c. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 RURAL and give nearest town) XI January Department
urs after by the id 2 sho	75	•	d. NAME OF HOSPITAL (If apr in hospital, give street address) OR INSTITUTION e. IS RESIDENCE ON A FARM? YES 12 NO
n 24 ha filled in ges 1 an			NAME OF SECRASED LOST STORY OF
pletely present. Page			SEX 6 COLOR OF RACE 7. MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HPS. Months Days Hours Min WIDOWED DIVORCED 14-7-1879 7. Months Days Hours Min WIDOWED 15-7-1879 7. Months Days WIDOWED 15-7-1879 7. Months WID
execution on paper death.	1		OCCUPATION (Give kind of work done 106 KIND OF BUSINESS OR INDUSTRY 11. MRTHPLACE (State or foseign country) The open of working life, even of the country
sician o	4		Samuel Streen 14. MOTHER'S MAIDEN NAME Bessie Robinson
h certifi ling phy se rem n 72 hau	Σ		WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Address
the deat e attend in plea nt within			PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Consistent For Kurt Konden
es that ed by th mit. Th any eve			Conditions, if any, which are immediate (b)
r requires ion. en signe mait per and in		z	cause (a), stating the under lying cause tast.
The law g physic has be vrial-tro	1	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY INFROMEO? YES NO
CIAN:			20a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH If EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port 11 of item 18.)
PHYSI at a this certain as a tremation cremation		MEDICAL	20c. TIME OF INJURY Month, Day, Year Haur a. p. m. 19 20d. INJURY OCCURRED While at work at work at work (Slate)
ENDING he hasp R: Affer de f			21. I certify that I attended the deceased from 19, 19, to 16, 19, 19, that I last saw the decease alive on 19, and that death occurred at 12, from the causes and on the date stated above
ed by the	A		ACTUAL SIGNATURE ADDRESS (Street, city or town, stole)
PITAL C e retain ERAL Di 3 should jistrar p	1		PHYSICIAN'S A.T. ALLEN
DO HOS		4	Surial, Cremation, 22b, Date Thereof 7 22c, NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, Iown, or county) (State),
VS A15 (4) 15M 9/55		23.	FUNERAL DIRECTOR'S SIGNATURE 246. REGISTRAR 246. REGISTRAR 246. REGISTRAR'S SIGNATURE 246. REGISTRAR'S

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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BECEINED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02485 2455 CERTIFICATE OF DEATH Rea. Dist. No. PLACE OF DEATH 2 USUAL RESIDENCE (Where decepsed lived If institution: Residence before admission) o. COUNTY b. COUNTY CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 outside corporate limits, write R&RAL and give nearest town) RURAL and give nearest Jawn) marati d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES 🔲 NO 💆 NAME OF Middle DATE Month Yeor DECEASED ARCH (Type or print) DEATH 195 5. SEX 7. MARRIED NEVER MARRIED 9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS Months WIDOWED [DIVORCED [100 USUAL OCCUPATION (Give kind of work done) 10b KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) during most of working life, even if retired) 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c). ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Conditions, if any, which gove rise to immediate **DUE TO** cottse (o), stoting the underlying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 119. WAS AUTOPS PERFORMED? YES NO 200 ACCIDENT WAS UNDERLYING I OR CONTRIBUTING I CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 18.) 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) 20c. TIME OF INJURY Doy, Year 20d, INJURY OCCURRED (County) (State) factory, street, office bldg., etc. 6. m. While Not while of work of work 21. I certify that/I attended the deceased from "that I last saw the deceased alive op and that death occurred at M, from the causes and on the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED NAME (Type) ♥ BHRITE. CREMATION. 22c. NAME OF CEMETERY OR CREMATORY (Stote) 23 FUNERAL DIRECTOR'S SIGNATURE

F T IVE We is 1922

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 112486 2456 **CERTIFICATE OF DEATH** Reg. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY b. COUNTY b. CJFT) OR TOWN (If outside carparate limits, write c. LENGTH OF STAY IN 1b c. CIDMOR TOWN (If auxide corposate, limits, write RURAL and give negrest town) and give nearest town pales d. NAME OF HOSEPAL (If not in hospital, give street address) d STREET ADDRESS OR INSTITUTION ON A FARM? YES 🔲 NO 🎮 NAME OF 4. DATE Year DECEASED (Type or print) DEATH 19 0 5. SEX IF UNDER I YEAR IF UNDER 24 HR 7. MARRIED NEVER MARRIED B DATE OF BIRTH 9. AGE (In years Months last bitthday) Haurs Min WIDOWED DO DIVORCED [10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 12 CITIZEN OF WHAT COUNTRY? dyring most of working life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME WAS DECEASED EVER M U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 15. (If yes, give wor or dotes of service) INFORMAN Address (Yes, no, or unknown) 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate DUE TO cause (a), stating the underlying cause last. (c) PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES I NO IV 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, fgrm, 20f. (City or town) Day, Year 20d. INJURY OCCURRED (County) (Stote) factory, street, office bida. Hour o. n. Not while 19 at work [at work 21. I certify that I attended the deceased from 52that I last saw the deceased and that death occurred at_____M, from the causes and on the date stated above. alive an ADDRESS (Street, city or town, state) **ACTUAL** SIGNATURE PHYSICIAN'S NAME (Type) 220 EURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) **FUNERAL DIRECTOR'S SIGNATURE** ADDRESS. .24a. REC'D BY REGISTRAR 24b. RESISTATION SIGNATUR

R. Y. U.

DECENALLY OF

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 2457 CERTIFICATE OF DEATH Rea. Dist. No. TACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution. Residence before admission) COUNTY b. COUNTY MARYLAND b. CIDYOR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RYRAL glind give nearest (glwn) d. NAME OF HOSPITALift not in hospital, give street address; d. STREET ADDRESS e. 15 RESTDENCI OR INSTITUTION ON A FARM'S YES NO NAME OF DATE Month Doy Yeor DECEASED (Type or print) DEATH 19 5. SEX COLOR OR RACE | 7/ IF UNDER TYEAR IF UNDER 24 HR MARRIED X NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years lost birthday) Months Days Hours DIVORCED [WIDOWED [YES 10g. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11. BETHPLACE (Stote or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of wasking life, even if-fetired Interia offer 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAM physici 15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT attending 18. CAUSE OF DEATH [Enter only one couse per line far (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH ם PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) M 03 DUE TO Conditions, if any, which Suy gove rise to immediate **DUE TO** cottse (a), stating the underlying couse lost. burial-transit PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0):19, WAS AUTOPSY PERFORMED? YES NO 12-20d ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, 20e PLACE OF INJURY (Home, farm, 20f. (City or town) Doy, Year 20d. INJURY OCCURRED (State) (County) Hour o. m. factory, street, office bldg., etc.) While Not while at work of work p. m. 21. I certify that I attended the deceased from... 17-12. 190 /that I last saw the deceased alive on and that death accurred at .M. from the causes and an the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED P 2 ACTUAL FUNERAL NAME (Type) 220. BURIAL, CREMATION, 22b DATE THEREOF 22c, NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, towns or county) page REMOVAL (Specify) **ADDRESS** 24g, REC'D BY REGISTRAR 246 REGISTRAMS SHOWATL VS A15 (4) 15M 9/55

BUREAU V. S.



TO DEPUTY MEDICAL EXAMINER: This certritrate should be executed within 24 haurs after death. If any delay is necessary, please execute the cert ficale, writing the word "pending" in pendil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 shauld be forwarded to the Chief Medical Examiner's Office olang with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECT Page 3 should be used as a burial-tronsit permit. File pages 1 and 2 with the registror prior to Virial, cremation,

forwarded to the Chet

VS. A15ME(5) 5M 9/55

ar removal.

60

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 2458

02488

Reg. Dist. No.

1. PLACE OF DEATH O. COUNTY MARYLAND	2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) o. STATE b. COUNTY
b. CITY OR NOWN (th outside corporate limits, write RURAL and give phorest lown)	c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)
d. NAME OF HOSRITAL PRINSTITUTION (If not in hospital, give street address)	d street Address A street Address On a Farm? YES NO DE
3. NAME OF DECEASED (Type or print) First To-Canal	HORRING 4. DATE Month Doy Year OF DEATH 3 - 14- 1957
Male WIDOWED DIVORCED	Cug-31-1902 P. AGE (In years IF UNDER 14 F UNDER 24 Frs. Manths Days Hours Min.
10a. USIAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUST	PRY WHATCOUNTRY?
13. FATHER'S NAME Edgar E. Hopkins	Mary Hyde
15. WAS DECEASED EVER IN/U. S. ARMED FORCES? (Yes, no, or unknown) 19 yes, give were or dones of service) 16. SOCIAL SECURITY NO. 17. II	Irma a Hopkins (2)
18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	INTERVAL BETWEEN ONSET AND DEATH
1420.1 DUE TO 1	
Conditions, if any, which gove rise to immediate couse	holast
(o), stating the underlying DUE TO	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
CAI	PERFORMED? YES NO
FRIMARY LI OF CONTRIBUTING LI CAUSE OF DEATH.	inter nature of injury in Part I ar Part II of Hem 18.)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA: Hour a. m., p. m. 19 of work of work	CE OF INJURY (Home, form, 20f. (City or town) (County) (State) pry, street, affice bldg., etc.)
21. I certify that I took charge of the remains described abo	ve, held an Autopsy [], Inspection [], Inquiry [], and find that
death resulted from: Natural causes . Accident . Sui	cide, Homicide, Undetermined cause
SIGNATURE E Run Lasell	_M.D. CHIEF MEDICAL EXAMINER [
EXAMINER'S FILINGARDY	ASSISTANT MEDICAL EXAMINER D DEPUTY MEDICAL EXAMINER S 3-147
220 BURIAL CREMATION, 225. DATE THEREOF 225 NAME OF CEMETERY OR DURING Specify) 3-17-57 Klen Haven	an a cont
23 SUNERAL DIRECTOR'S SIGNATURE LA SUNO CARDRESS SOUTH M. Say La Suno Carrage	245. REGISTRAR'S SIGNATURE
the state of the s	27/ DATE

2 .V UALIUE

22c. NAME OF CEMETERY OR CREMATORY

ADDRESS

Annapolis. Md.

Cedar Bluff Cemetery

DATE

02489

Rea. Dist. No. 21 b. COUNTAnne Arundel IS RESIDENCE ON A FARM? YES NO I Day Year 57 IF UNDER 1 YEAR IF UNDER 24 HRS. Months Doys 12. CITIZEN OF WHAT COUNTRY? USA INTERVAL BETWEEN ONSET AND DEATH 2 wees " PERFORMED? YES I NO IX (County) (Stote) 1962, that I last saw the deceased __, and that death accurred at 5_____M, from the causes and on the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED 90 Cathredral Street Annapolis, Md. 22d LOCATION (City, town, or county) (State) Annapolis. Maryland

24a . REC'D BY REGISTRAR - 24b. REGISTRAR'S SIGNATURE

ACTUAL PHYSICIANS

NAME (Type)

220. BURIAL CREMATION,

23. FUNERAL DIRECTOR'S SIGNATURE?

Hopping Funeral Home

John Hedeman

226. DATE THEREOF

March 7.57

BUREAU V. R.

Tert 8 MAM

BECEINED

1. PLACE OF DEATH C. COUNTY Anne Arundel MARYLAND LOUNTY Anne Arundel MARYLAND LOUNTY Anne Arundel MARYLAND LOUNTY Anne Arundel MARYLAND LOUNTY Bullimore City Lyrs.4Enos.27tays Bultimore City Lyrs.4Enos.27tays Lot Lot Lot Lot Lot Lot Lot Lo	
Anne Arundel Maryland CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown) Crownsville d NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION (Sinstitution) 3. NAME OF DECEASED (If not in hospital) Crownsville State Hospital Not given 3. NAME OF DECEASED (If not in hospital) Maryland March 26 19 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED Not given Not given Not given 9. AGE (In years lie Under Year If Under Victoria) Not given 9. AGE (In years lie Under Year If Under Victoria) Not given 9. AGE (In years lie Under Year If Under Victoria) Maryland 10. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY) 11. BIRTHPLACE (Stole or foreign country) Maryland 12. CITIZEN OF WHAT COUNTY Maryland 13. WAS DECEASED EVER IN U. S. ARMED FORCES? (Id. SOCIAL SECURITY NO. 17. INFORMANT 14. MOTHER'S MAIDEN NAME Unka Unka Unka Crownsville State Hospital Obstruction 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I DEATH WAS CAUSE (b) Intestinal obstruction	45
b CITY OR TOWN (if outside corporate limits, write RURAL and give nearest lown) Crownsville 4 lyrs.4mos.27 days Baltimore City 4 lyrs.4mos.27 days Baltimore City 5 d. STREET ADDRESS 6 Not given 13 NAME OF DECEASED (Type or print) 5. SEX 6. COLOR OR RACE 6. COLOR OR RACE 6. COLOR OR RACE 7. MARRIED 10 NOT ROWN (if outside corporate limits, write RURAL and give nearest lown) 6 Not given 10 Not given 10 Not given 11 Not given 12 Not given 13 NAME OF DECEASED (Type or print) 5. SEX 6. COLOR OR RACE 7. MARRIED 10 NOT ROWN (if outside corporate limits, write RURAL and give nearest lown) 6 Not given 12 Not given 13 NAME OF DECEASED (Type or print) 14 Not given 15 NAME OF DEATH 16 NOT ROWN 17 NOT ROWN (if outside corporate limits, write RURAL and give nearest lown) 6 NAME OF DEATH 18 NAME OF DECEASED (If year) 19 Not given 10 Not given 10 Not given 10 Not given 10 Not given 11 Not given 12 CITIZEN OF WHAT CO MARYLAND 13 NAME OF DEATH 14 MOTHER'S MAIDEN NAME 15 NAME OF DEATH 16 NOTHER'S MAIDEN NAME 16 NOTHER'S MAIDEN NAME 17 NAME OF DEATH 18 CAUSE OF DEATH 19 COLOR OF THER TOWN 19 ON THER TOWN 19	
Crownsville d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION Crownsville State Hospital 3. NAME OF DECEASED (Itype or print) Arianna Middle Lost 4. DATE OF DEATH March 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED Not given 9. AGE (In year) Itost birthday) Months Days Hours Too winted Dist birthday Months Days Hours Too winted U. S. 14. MOTHER'S NAME U. S. 15. WAS DECEASED EVER IN U. S. ARMED FORCES? ITes, no or winted Unknown 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Ites, page war or dates of serves) The part of the page war or dates of serves) The part of the page war or dates of serves) The part of DEATH Maryland U. S. Crownsville State Hospital Crownsville State Hospital Records Crownsville State Hospital Distribution 16. SOCIAL SECURITY NO. 17. INFORMANT Unknown 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), ond (c).] PART I DEATH WAS CAUSED BY, IMMEDIATE CAUSE (o) Intestinal obstruction	J
d NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION Cromsville State Hospital Not given 3. NAME OF DECEASED [Type or print] 4. DATE OF DECEASED [Type or print] 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH Female Not given 9. AGE (In years life UNDER 1 YEAR IF UNDER 1 OF 2 OF	
State Hospital Not given Yes 1	ENCE ARM2
Type or print Arianna	
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In yeors left birthday) Months Days Hours 1000 birthday) Months Days Hours 1000 birthday	
Female Negro WIDOWED DIVORCED Not given 76? yrs. Months Days Hours 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) Waryland U. S. 14. MOTHER'S MAIDEN NAME Unknown 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Top. no or unknown) 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o) Intestinal obstruction	
ibo. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 112 CITIZEN OF WHAT COUNTY OF WHAT COUNTY OF WORK OF WORK OF WHAT COUNTY OF WHAT COUNTY OF WORK O	Min.
Maryland U. S. M. FATHER'S NAME Unknown Unknown 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Unk. Unk. ——— Hospital Records The Cause of Death [Enter only one couse per line for (o), (b), ond (c).] PART I DEATH WAS CAUSED BY. Intestinal obstruction Maryland U. S. Crownsville State Hospi Crownsville State Hospi Crownsville, Migryal Betwoods ONSET AND DISTAND DIS	DUNTRY
Unknown 15. WAS DECEASED EVER IN U S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Unk. Unk. The spital Records 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I DEATH WAS CAUSED BY. Intestinal obstruction Unknown Crownsville State Hospi Crownsville, Milerval Betwoods one couse per line for (o), (b), and (c).]	
15. WAS DECEASED EVER IN U S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Unk. Unk. Hospital Records Crownsville State Hospi 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), ond (c).] PART I DEATH WAS CAUSED BY. Intestinal obstruction	
Unk. Unk. —— Hospital Records Crownsville State Hospi 18. CAUSE OF DEATH [Enter anly one cause per line for (o), (b), ond (c).] PART I DEATH WAS CAUSED BY. Intestinal obstruction IMMEDIATE CAUSE (o) Intestinal obstruction	
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o) Intestinal obstruction	Ta.t
PART I DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) Intestinal obstruction	
* J** *1	EATH
I / J J K DUE IO	
Conditions, if ony, which) as Carcinoma of large house	
gove rise to immediate	
lying couse lost. Course (a), stoting the under- Lying couse lost. (c) (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AU PERFORM YES ON THE PERFORM	TOPSY
206. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 206. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
	(State)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour a. p., While Not while of work	
21. I certify that I attended the deceased from 1/25 , 19.48, ta 3/26 , 19.57 , that I last saw the de	ereaser
alive on 3/25	abave
ADDRESS (Street, city or town, stote) DATE	SIGNED
ACTUAL SIGNATURE M.D. Crownsville, Md. 3/	26/5
PHYSICIAN'S NAME (Type) 1. Renadict	
276. BURAL CREMATION, 270. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. INCATION (City, Iown, or county) (Stole)	
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE	
Dillean Large II- Unnexpeting me , pare 4/x/17 2 m	
The state of the s	

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BUREAU V. S.

2460CERTIFICATE OF DEATH

8 02491 Reg. Dist. No. 21

1. PLACE OF DEATH 6. COUNTY MARYLAND	2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o STATE Aryland b. COUNKING Arundel
Anne Arundel	- - - - - - - - - -
b CITY OR TOWN (If outside corporate limits, write C LENGTH OF STAY IN 1b RURAL and give nearest town)	
Ampane3is	// Annapolis,
d. NAME OF HOSPITAL (If not in hospital, give street address)	d STREET ADDRESS e. IS RESIDENCE
Anne Arundel General Hospital	218 N. Taylor Ave.
3. NAME Of First Middle	Lost 4. DATE Month Day Year
(Type or print) THELMA E	TACKSON DEATH March 23
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	
Female White WIDOWED DIVORCED	Dec. 22, 1912 lost birthday) Months Days Hours Min.
100 USUAL OCCUPATION (Give kind of work done 106, KIND OF BUSINESS OR INC	OUSTRY 11 BIRTHPLACE (State or foreign country) [12. CITIZEN OF WHAT COUNTRY?
Clerk Retail Drug Sto	ore Baltimore, Maryland USA
<u> </u>	, , , , , , , , , , , , , , , , , , , ,
13. FATHER'S NAME	14 MOTHER'S MAIDEN NAME
Arthur Benchoff	Lulu Delphey
	, INFORMANT Address
(Yes, na, or unknown) (If yes, give wer or dates of service) 226–36-8830	rs. Lulu Benchoff - Mother- same as # 2
1220-30-0030	INTERVAL BETWEEN
18 CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c)]	ONSET AND DEATH
PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE ON RUSLING of AN	Muryon of Micky Walles 6 des
330 X DUE TO /	
Conditions, if any, which)	
gave rise to immediate	
couse (a), stating the under-	
lying couse lost. (c)	
Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH B	UT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
T I	PERFORMED? YES ANO F
200 ACCIDENT WAS LINDERLYING TO 120% DESCRIBE HOW INVERY OCCUR	RED (Enler nature of injury in Port 1 or Port 11 of item 18.)
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	tell (clief double of injury in control to the real co.)
	PLACE OF INJURY (Home, form, , 20f (City or lown) (County) (State)
Hour o, m. 19 While Not while	factory, street, office bldg , etc.)
E p. m. 19 of work of work	
21. I certify that I attended the deceased from 2/22	, 185 /, ta 3/22/ , 195 /that I last saw the deceased
alive an 3/22/57, 19 and that dea	ith accurred at 1.581M, from the causes and on the date stated above
	ADDRESS (Street, city or town, state) DATE SIGNED
ACTUAL Franklin Iller	≥ / ₂ -/-
SIGNATURE SIGNATURE	-M.D
PHYSICIAN'S	/
NAME (Type) Frank M. Shipley MD	63 College Ave Annapolis, Maryland
220 BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY	OR CREMATORY 22d LOCATION (City, town, or county) (Stote)
Burlal 3- 26-47 Dedar Blut	66 0
23 FUNDERAL DIRECTOR'S SIGNATURE . ADDRESS	240 REC'D BY REGISTRAR 246 REGISTRA'S SIGNATURE
Hopping Furer Home Appendix Ma	AND RECUBITION PROBLEMS STORY
hopping Funeral Home Annapolis Ma	

may be retained by the hospital or attending physicion.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by the funeral director, page 3 should be defer use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shower filed with the registror prior to borrol, cremotian, or remaval, and in ony event within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Paga 4 VS A15 (4) 15M 9/55

BUREAU V. S.



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

A W UA: AL

2561

	MARTLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	2493
	02504 CERTIFICATE OF DEATH Reg. Dist. No.	24
	1. PLACE OF DEATH o. COUNTY Anne Arundel Anne Arundel Anne Arundel 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before o. STATE Same Same	admission)
.	b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)	est town)
	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION d. STREET ADDRESS e.	IS RESIDENCE ON A FARM?
,	3. NAME OF First Middle Last 4. DATE Month Day	YES NO Year
	OF DECEASED (Type or print) George Zachriah Jacobs OF DEATH March 7th.	19 57
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9 AGE (In years IF UNDER I YEAR IF	
	M WIDOWED BIVORCED 8/26/87 69 yrs	Haurs Min.
	10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF during most of working life, even if retired)	WHAT COUNTRY
5	Lanscape artist. Baltimore Md. U.S.	A
	13. FATHER'S NAME	
	Lewin Henry Jacobs Margeret Dressel	
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no. or unknown) [It yes, give wor or dates of service] 16. SOCIAL SECURITY NO. 17. INFORMANT Address	
/	World War # 1 Infantry. Mrs. Maude Jacobs (wife)	
	IONSET	VAL BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) PENTAL ATTITIOS CYCTOSIS	
	4442X DUE TO	
	Conditions, if any, which gave rise to immediate (b) Hypertensive cardio vascular diseases ?	
	Carte (a), stating the under DUE TO lying cause last. (c)	
*	\[\frac{1}{5}\]	WAS AUTOPSY PERFORMED? 'ES NO S
	200. ACCIDENT WAS UNDERLYING A CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTION OF CONTR	
	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Hour o. m. p, m. 19 Ook Not while of work	(State)
	21. I certify that I ottended the deceased from March 6 1957, to March 7 1957, that I lost sow	the decease
	alive on 3/6/57 , 19 , and that death occurred at 4-15 BM, from the causes and on the date	stated obove
	ACTUAL AC	DATE SIGNE
1	SIGNATURE Kustave Heaveheatick M.D. Glen Burnie, Md. 3/7	7/57
	PHYSICIAN'S Gustave H. Faubert, M.D.	
	220. BURIAL, CREMAT ON, 226. DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county)	(State)
	REMOVAL (Specify) 3/11/57 Glen Haven Cem. Glen Burnie, Md.	
4	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REGISTRAP'S SIGNATURE	1 -1
6:1	JOHN F. DENNY, INC. 715 Light St. WAR 12 1951	Tallos
- 3	Baltimore-30, Md.	

BUREAU V. S.

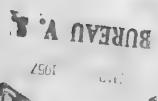
DECEIVE.

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1		1	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
			2463 CERTIFICATE OF DEATH
Page 4 director. led with	22	1.	PLACE OF DEATH COUNTY MARYLAND 2. USUAL RESIDENCE [Where decegned lived of institution: Designed before odmission] STATE MARYLAND O STATE MARYLAND MARYLAND O STATE MARYLAND MARYLAND O STATE MARYLAND MAR
r death.			b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) ALTERNATION (If outside corporate limits, write RURAL and give nearest town)
ours after the ord 2 sho	7)		d. PAME OF HOSPITALIST NO IN 1905 ptol. give street oddress on a FARM? VES NO IN-
24 ho illed ir es 1 ar			NAME OF DECEASED (Type or print) First Middle A. DATE OF DEATH
d within pletety f		5.	SEX OF EQLOR OR RACE 7. MARRIED NEVER MARRIED 19 B DATE OF BIRTH 19. AGE (In years of birthdoy) WIDOWED DIVORCED 19. 1 - 13 - 57 Nowths Days Hours Min.
compoperate.	1	100	D. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY) 11 BIRTHPLACE (Stote of foreign country) 12. CLITZEN OF WHAT COUNTRY) Mark Buck 12. CLITZEN OF WHAT COUNTRY)
ate be ician ar e carbo s after	(13.	Senale Salvande Charles Maidely NAME
certificat ng physici remave 72 haurs		IS.	WAS DECEASED EVERTIN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address Address Address Address Address M. Address Address M.
death trendir please vithin			18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I, DEATH WAS CAUSED BY: ONSET AND DEATH
the o			IMMEDIATE CAUSE (o) / 6 5 X DUE TO
s tha d by mit.			Conditions, If any, which (b) (b)
require ian. n signe nsit per and in a			cause (a), stating the under- lying couse lost. DUE TO
he law physici has beer rial-tran	0	CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTOPSY PERFORMED? YES NO
ending ficate the bu		CERTIFI	20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port I or Part II of item 1B.)
PHYSIC of or oth his certif use as ematian,		MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour a. jr. p. m. 19 While Not while of work at work
naspik After I for			21. I certify that I attended the deceased fram 2 1 19 to 2 1 19 that I last saw the deceased
TENT The P			alive on
OR Allowed by SIRECT do be do be do prior to	1		ACTUAL SIGNATURE C. 1. CLE ELLY M.D. 62 ENCRESSIVE Y 3-18-5
RAL Should should stror		L	PHYSICIAN'S A T. ALLIN
may be D FUNE page 3 the regis		no	REMOVAL (Specify) 3-19-57 DOLLAR CHEMETERY OF CREMETERY OF CREMATORY (Store)
V5 A15 (4)	£	25.	PUNEAM DIRECTOR'S RIGHATURE ADDRESS A
15M 9/55	X ₁		134

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. ,	- 0	2506	CERTIFICA	TE OF DEATH		Reg. Dist. No. 28
X	1. PLACE OF DEA	Anne Arundel	MARYLAND	2. USUAL RESIDENCE (WIN	ere deceased lived. If institution b. COUNTY	on: Residence before admission) altimore City
,	b. CITY OR TO RURAL ond	DWN (If outside carporate limits, write g've negrest town) nsville	c. LENGTH OF STAY IN 16 2yrs.2mos.5d			URAL and give nearest tawn]
1	d. NAME OF H	HOSPITAL (If not in hospito), give stree	at address)	d. STREET ADDRESS	ne Street	e. IS RESIDENCE ON A FARM? YES NO
	3. NAME OF DECEASED (Type or print)	fint Thomas	Middle	Jones	4. DATE Mon OF BEATH 3	
•	5. SEX Male	6. COLOR OR RACE 7. MA	RRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH Not given	9. AGE (In years partition)	IF UNDER 1 YEAR IF UNDER 24 HI Months Days Hours Min
leath.	10a. USUAL OCCI during most o	UPATION (Give kind of work done 10) of working life, even if retired) Laborer			or foreign country)	12. CITIZEN OF WHAT COUNTY
1	13. FATHER'S NAM			14. MOTHER'S MAIDEN N		
Ag and		John Jones		Eliza		
72 haurs	(Yes, no. or unknown)	EDEVER IN U. S. ARMED FORCES? 16 (If yes, give wor or doles of service)	6. SOCIAL SECURITY NO. 17. III	spital Recor	118	file State Hosp sville, Md.
vent within		PF DEATH [Enter only one cause per I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO	line for (o), (b), and (c).} vpostatic Pneu	monia		INTERVAL BETWEEN ONSET AND DEATH 72 hour
laval, and in any e	gave rise couse (a), st lying cause	to immediate toting the under total. (c) II. OTHER SIGNIFICANT CONDITIONS rdial Infarction				VEN IN PART T(0) 19. WAS AUTOPS PERFORMED? YES 7 NO F
), ar rem		UTING ET CAUSE OF DEATH OTIFY MEDICAL EXAMINER)	ESCRIBE HOW INJURY OCCURRED			
ematia	A Hour	INJURY Manth, Day, Year 20d. a. st. 19 19 of w	le Nat while for	CE OF INJURY (Home, form, fory, street, office bldg., etc.)	20f. (City or town)	(County) (Stot
ar to vorial, a	21. I certificative on	ify that I attended the deced 3/4 12	used from $\frac{12/30/54}{57}$, and that death	accurred at 4:30a	/5/57, 19 1M, from the causes of DDRESS (Street, city or tawn, SVIIIe, Md.	that I last saw the decea and on the date stated about state) DATE SIGN 3/5/5
stror pri	PHYSICIAN'S NAME (Type)	Ludwig Benedi	ct, M. D.	n.v		
regi	220. BURIAL, CREA	MATION, 22b. DATE THEREOF	22c. NAME OF CEMETERY OF	CREMATORY	22d. LOCATION (City, town, o	or county) (State)
훒	22 510 522 2	ECTOR'S SIGNATURE	ADDRESS		BY REGISTRAR 245. REGIS	STRAR'S SIGNATURE

DECENTED PRO

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 2464 MEDICAL EXAMINER'S CERTIFICATE OF DEATH necessary, please exertar. Page 4 should be PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) o. COUNTY **b.** COUNTY MARYLAND Page OR TOWN (If outside corporate limits, write BURA) C LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give necrest town) director. d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS files. NAME OF DATE Losi Month 2 with the registra DECEASED (Type or print) DEATH MARC S. SEX 9 AGE (In years 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 18. DATE OF SIRTH IF UNDER TYPAR Months April 23, 1875 WIDOWED I DIVORCED [7] 3 10 loa, USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) during most of working life, even if retired) Store Clerk and General Store pe Virginia 13. FATHER'S NAME may 14. MOTHER'S MAIDEN NAME ■4 ha≡rs Pages 1, 3 pages Jemes S. Larrick Namnie Showalter 15. WAS DECEASED EYER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 8. Give Sen- West Friendship, Maryland Richard Larrick-Unknown 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY farm ARTEKIOSCLERO IMMEDIATE CAUSE (a) alang with far burial-transit Conditions, if any, which pencil gave rise to immediate couse DUE TO (a), stating the underlying couse last PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPS 8 used MCUSSION? MOSSIBLE 20g. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18. CERTIF PR MARY OF CONTRIBUTING 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, Month, Day, Year 20f. (City or town) factory, street, affice bidg., etc.) While Not while 194 at work at wark WOOD LAND 21. 1 certify that I took charge of the remains described above, held an Autopsy ... Inspection Inquiry death resulted from: Natural causes D. Accident Suicide . Homicide . Undetermined cause ACTUAL CHIEF MEDICAL EXAMINER

EXAMINER'S NAME (Type)

Burie I

22a. BURIAL, CREMATION, 22b. DATE THEREOF

PUNERAL DIRECTOR'S AKONAPITRE

VS. ATSMELST 5M 9755

Hopping Funeral Home Annapolis. Maryland

22c. NAME OF CEMETERY OR CREMATORY

Ivy Hill Cometery

ADDRESS

Upperville. Virginia 24a, REC'D BY REGISTRAR 24b. REGJETRAR'S SIGNATURE

22d LOCATION (City, town, or county)

ASSISTANT MEDICAL EXAMINER TO PRO TOWN

DEPUTY MEDICAL EXAMINER

(Caunty)

02498

Reg. Dist. No.

Day

USA

12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN

PERFORMED?

NO

(State)

and find that

DATE SIGNED

(State)

21

e. IS RES DENCE ON A FARM?

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IF UNDER 24 HRS.

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CERTIFICATE OF DEATH Reg. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution: Residence before admissign) o. COUNTY, O.STATE b. COUNTY b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) PARAL and give nearest (pwn) 5 d NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS IS RESIDENCE OR INCUMPION ON A FARMI YES NO DE NAME OF Middle 4. DATE Lost Month Day Year DECEASED OF DEATH (Type or print) 19 F 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last bythiday). Months Doys Hours Min. DIVORCED WIDOWED W yes 10a. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11. BIRTHRIAGE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? death. during most of working life, even if retired) $\lambda \Omega \Delta \lambda$ 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER TH U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH ₲ PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO any Conditions, if any, which gove rise to Immediate **DUE TO** couse (o), stoting the underand lying cause lost, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO [] 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Day, Year 20d. INJURY OCCURRED (County) (State) foctory, street, office bldg., etc.) Hour a. r. While Not while of work of work 21. I certify that I attended the deceased from 명금 Lithat I last saw the deceased 40 AM, from the causes and on the date stated above. and that death occurred at 2 ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL PHYSICIAN'S NAME (Type) O FUNER 220, BURIAL CREMATION, REMOVAL (Specify) 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City/Jown, or county) (State) 2 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 240 REC'D BY REGISTRAR 24 REGISTRAR'S SIGNATURE VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

578-03-5190

BUREAU V. S.

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2465 CERTIFICATE OF DEATH Reg. Dist. N PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived If institution, Residence before admission) MARYLAND b CITY ORNOWN (if outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) RURAL ond give nearest town) d. NAME OF HOSPITAL Af not in hospital, give street address) d. STREET ADDRESS ON A FARM? YES | NO D NAME OF 4. DATE Middle Year DECEASED OF DEATH (Type or print) 195 6. COLOR OF RACE 7. MARRIED NEVER MARRIED 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS B. DATE OF BIRTH lost birthday) Months DIVORCED T WIDOWED D 10a. USUAL OCCUPATION (Give kind of work dane) 10b. KIND OF BUSINESS OR INDUSTRY 11/ BIBTHPUCE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) carbon 13. FATHER'S NAME hours 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) 1422.1 DUE TO Conditions, if any, which gove rise to immediate DUE TO codse (a), stating the underlying couse last. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19 WAS AUTOPS PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part II or Part III of item 18.) 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, form, 20f. [City or town) Day, Year 20d. INJURY OCCURRED (County) (Stote) foctory, street, affice bldg., etc.) a. m. Not while at work 🔲 at wark 📋 21. I certify that I attended the deceased fram. that I last saw the deceased and that death accurred at M, from the causes and on the date stated above. ADDRESS (Street, city or town, state) ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) 220 BURIAL CREMATION. 22b, DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (Sylv listo lét 2 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240 REC'D BY REGISTRAR " 246. REGISTRAR'S SIGNATURE VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 (1251) SCERTIFICATE OF DEATH Reg. Dist. No. > 1 PLACE OF DEATH 2. USUAL RESIDENCE (HOME) OF OECEASEO: STATE Washington, Bounty MARYLANO CITY (If outside corporate limits, write RURAL) LENGTH OF STAY CITY(If outside corporate (imits, write RURAL and give nearest town) OR and give nearest town) (in this place) Washington, D. C. 13 yrs. aure HOSPITAL OR (If rural give location STREET District Training School INSTITUTION OR AOORESS STREET ADDRESS 1220 Delaware Ave.S.W. Children's Center DATE (Month) 3. NAME OF (Middle) (Last) (Day) (Year) OECEASED: (Type or Print) DEATH: March 19 57 Lowe 6. COLOR OR TENSINGLE, MARRIED. 9. AGE last birthday IF UNDER I YEAR 8 OATE OF BIRTH: WIDOWEO, OIVORCEO, (Specify): Months Days Hours 108 KIND OF BUSINESS OR INDUSTRY: Female Negro 10A. USUAL OCCUPATION (Give kind of work done during most of working life, COUNTRY? even if retired): North Carolina 14. MOTHER'S MAIDEN NAME: USA 13. FATHER'S NAME: Hnk nown Lonnie Lowe INFORMANT & ADDRESS: IS. WAS DECEASED EVER IN U.S. ARMED FORCEST 16. SOCIAL SECURITY NO. Social Service Records (Yes, no, or unk.) (If Yes, give war or dates of service) Children's Center. Laurel Md. 18. MEDICAL CERTIFICATION INTERVAL BETWEEN I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH DNSET AND DEATH cerebral hemorrha MMEDIATE CAUSE (A) DUE TO ANTECEDENT CAUSE (8) DISEASES OR CONDITIONS, IF ANY. GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. OUE TO (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. OPERATION 19A DATE OF OPERATION: I 198. MAJOR FINDINGS OF 20. AUTOPSY1 YES [ND 218 PLACE (Home, farm, factory, 21A. ACCIDENT WAS UNDERLYING [21c. WHERE DID (City or town) (County) (State) OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc. INJURY OCCUR? (IF EITHER, NOTIFY MEDICAL EXAMINER) 21E INJURY OCCURRED While Not while 21D. TIME (Month) (Day) (Year) (Hour) 21F. HOW OLD INJURY OCCUR? at work at work ., 195 that I last saw the deceased 1957 to 3/7 22. I hereby certify that I attended the deceased from M. from the causes and on the date stated above. 195%, and that death occurred at ADDRESS SIGNATURE DATE SIGNED nounty) CREMATION REMOVAL DATE REC'O BY

BEVN N. Z.

7861 11 99A

SECENTED SECENTED

items 12.1 CERTIFICATE OF DEATH 02599 Rea. Dist. No. 1 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) a COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURA), and give negrest town) RURAL and give aggress town) more d. NAME OF HOSPITAL (If not in hospito), give street address) d STREET ADDRESS e. S RESIDENCE ON A FARM? 25 YES NO M 77 3. NAME OF 4. DATE First Middle Lost Manth Day Year DECEASED OF (Type or print) DEATH 19 4 6. COLOR OR RACE IF UNDER LYEAR IF UNDER 24 HRS 5. SEX 7. MARRIED T NEVER MARRIED DATE OF BIRTH P. AGE (In years last birthday) Months Days Hours Min WIDOWED I DIVORCED [7] YES. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stoke or foreign country) 12 CITIZEN OF WHAT COUNTRY? deoth. during most of working life, event freitred) MILLIADIN rai Ukraine ofter 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ŭ Unknown physic IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Iff yes, give wor or dates of service) Burpu 18. CAUSE OF DEATH [Enter only one cause per line for (g), (b), and (c).] INTERVAL BETWEEN 흅 ONSET AND DEATH PART I. DEATH WAS CAUSED BY: **DUE TO** ony Conditions, if ony, which gave rise to immediate DUE TO casse (a), stating the underlying couse lost. buriol-tronsit (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 179, WAS AUTOPSY removol, PERFORMED? YES TO NO TO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Part II of item 18.) DICAL 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20f. (City or town) (County) (State) Hour a.m. factory, street, affice bldg., etc.) While Not while 19 of work ot work n. m 1957 that I just saw the deceased 21. I certify that i attended the deceased from 70 9:30AM, from the causes and on the date stated above. alive on and that death occurred at ADDRESS (Street, city or town, stole) DATE SIGNED DIRECT ACTUAL SIGNATURE pe prior Ъ O MOSPITAL PHYSICIAN'S FUNERAL NAME (Type) co 22b/DATE THEREOF 220 BURIAL, CREMATION, 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) ... REMOVAL (Specify) 0 23. FUNERAL DIRECTOR'S SIGNATURE BY REGISTRAR 74b REGISTRAR'S SIGNATUR 240 REGID 200 VS A15 [4] 15M 9/55

MARYLAND STATE DEPARTMENT

F HEALTH-BALTIMORE, 18

BUREAU V. S.

WAR II 1957

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 2466 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

02502

	Reg, Dist. No.										
1, PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission)										
Anna Arundel MARYLAND	o. STATE Md. b. COUNTY Anna Arundel										
b. CITY OR TOWN (If outside corporate limits, write RURAL on CITY OR STAY IN 16	c. CfTY OR TOWN (If outside corporate limits, write RURAL and give nearest town)										
and give nearest level) Annapolis, 5 yrs.	Annapolis,										
d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS 5 School St. 6. IS RESIDENCE ON A FARM? YES NO										
3. NAME OF A First Middle	/ Last/ 4. DATE Month Day Year										
(Type or print) caped Clifton	MAR / / TUN DEATH March 8, 1957										
5. SEX 6. COLOR OR RACE MARRIED NEVER MARRIED	B. DATE OF RIGHT										
male white widowed Divorced	Sept. 6. 1899 tout bribday Months Days Hours Min										
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUS during most of working life, even if retired) Accountant											
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME										
Harry Clifton MacJilton	Mary Wolf										
Effect 60 for suppression 1 // year come more or districted and control 1	NFORMANT Address Annapolis, V.d.										
Mr	s. Elizabeth H. MacJilton 5 School St.										
18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).	MINITARIAL BETWEEN,										
PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (o)	PART I. DEATH WAS CAUSED BY:										
+ or o , i Due to											
Conditions, If ony, which (b)											
gove rise to immediate couse (a), stating the underlying DUE TO											
couse lost. (c)	· · · · · · · · · · · · · · · · · · ·										
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT IT 200 EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? YES NO										
	Enter nature of injury in Port I or Part II of item 18.)										
	CE OF INJURY (Home, form, 20f. (City or town) (County) (Slote)										
Hour o. m. While Not hile of work of work	ory, street, office bldg., etc.)										
21. I certify that I took charge of the remains described abo	ove, held an Autopsy . Inspection . Inquiry . and find that										
	icide, Homicide										
1 1/7	2,										
SIGNATURE Legis held	M.D. CHIEF MEDICAL EXAMINER DATE SIGNED										
1 1 1	ASSISTANT MEDICAL EXAMINER										
NAME (Type) E. L. I. Who say (1)	DEPUTY MEDICAL EXAMINER 2										
220. BURIAL, CREMATION, 122b. DATE THEREOF 122c. NAME OF CEMETERY OR	CREMATORY 22d. LOCATION (City, town, or county) (Stote)										
Burial March 11, 1957 New Cathedra											
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	246. REC'D BY REGISTRAR - 24b. REGISTRAN'S SIGNATURE										
John O. Mitchell & Sons Inc. 1900 Eutaw	Pl. Balkbar 11 135										

VS. A15ME(5)

BULEAU V. S.

7201 11 9AM

BUREAU V. E.

BECEIVED 1957

VS A15 (4) 15M 9/55 Reg. Dist. No. 21

1	1, PLACE OF DEATH a. COUNTY			2. USUAL RES	IDENCE (Where dece	osed lived If institu	tion Residence	befare admissi-	on]		
	Anne Arundel		MARYLAN	o. STATE	land	P. COUNT	nne Aru	mdel			
	b. CITY OR TOWN (If outside corporate RURAL and give nearest town)	e limits, write	c. LENGTH OF STAY IN 1	c. CITY OR	TOWN (If outside co	rporate limits, write	RURAL and give	e nearest town)			
L	Annapolis		30 mo	/t. An	napolis,						
	d. NAME OF HOSPITAL (If not in hospi OR INSTITUTION	tol, give street	gddress)	d. STREET	ADDRESS			e. IS RESI ON A	DENCE		
L	Anne Arundel Ger	eral Ho	spital		1000 Madi	son St.		YES 🗌			
	NAME OF DECEASED	First	Middle	l.c	st 4. DAT	E Mo	inth	Day Y	ear		
	(Type or print) MICHA	A	ICHAEL MARX)	MAK	OF DEA	TH M/	ARCH	/ 1	957		
-	5 SEX 6. COLOR OR R	ACE 7. MARR	HEO NEVER MARRIED	B. DATE OF BIR	1870	9. AGE (in years	IF UNDER 13	FEAR IF UNDE			
1	Male White	WIDOWE	DIVORCED	October	16. 2899	9. AGE (in years last birthday) 772 yrs	Months Do	ays Hours	Min.		
ľ	10a. USUAL OCCUPATION (Give kind of a	vark done 10b.	KIND OF BUSINESS OR IN	DUSTRY 11. BIRTHE				N OF WHAT	COUNTRY?		
П	during most of working life, even if re	etired]	porter		York City		T	JSA			
` l	Ret Prop. 13. FATHER'S NAME	1 44	ibor der		S MAIDEN NAME	,					
1	Louis Mar	2.		Ber	tha Posne	72					
ŀ	15. WAS DECEASED EVER IN U. S. ARMED		SOCIAL SECURITY NO. 17	INFORMANT	una 1 Obii		dress				
	(Yes, no. of unknown) (If yes, give wor or dot no.	as of service)		rs Essie	Marx- Wife		and .				
F	18. CAUSE OF DEATH [Enter only o	ne couse per lir	ne for (a), (b), and (c).]				1	INTERVAL BET	WEEN		
-	PART I. DEATH WAS CAUSED BY: ACUTE MYOCARDIAL INFARCTION ONSET AND DEATH IMMEDIATE CAUSE (a) ACUTE MYOCARDIAL INFARCTION										
-	IMMEDIATE CAUSE (0) HEVIE MYOCAEDIAL INFACCTION IN MINUTES										
-											
-	gave rise to immediate	Conditions, if any, which gave rise to immediate									
-	cause (a), stating the <u>under-</u>	cause (a), stating the under-									
1	lying cause last.	(c)					1				
П	PART II. OTHER SIGNIFICANT				O THE TERMINAL DISE	ASE CONDITION GI	VEN IN PART 1	(a) 19. WAS A PERFOR	UTOPSY IMED?		
	5 ~04		ETES MELI					YES 🔲	NO		
	PART II. OTHER SIGNIFICANT 200. ACCIDENT WAS UNDERLYING I OR CONTRIBUTING II CAUSE OF DE UITE EITHER, NOTIFY MEDICAL EXAMIN	ATH (ER)	CRIBE HOW INJURY OCCU	RRED. (Enter nature	af injury in Part I ar I	Part II of item 18.)					
	3 20c. TIME OF INJURY Month, Day,	Year 20d. ft	JURY OCCURRED 20e.	PLACE OF INJURY	(Home, form, 20f. (C	lity or town)	(Cou	intyl	(State)		
	Ager a. ft.	While	Not while	factory, street, offic	e bldg., etc.]	,	1-00	,,	(onc.e)		
1		- Jul wall					Pm.				
	21. I certify that I attended	the decease		, 19 <u>.53</u>	-, la_ma	195 195	Z,that I los	st saw the c	deceased.		
	alive an March 1	<u> </u>	2, and that dec	ith accurred at	10-5_M, fr	am the causes		date state	d above.		
-	1 1 1 0	11 1			ADDRESS	(Street, city or fown	, state)	DA'	TE SIGNED		
-	SIGNATURE JOHN L.	13 des	new	_M.D90	Callydr	al St-		3/1/5	-2		
1	PHYSICIAN'S John He	edeman	MD	A	mapolis	. Md.					
F	22g. BURIAL CREMATION 226. DATE TH	IEREOF	22c. NAME OF CEMETERY			CATION (City, tawn,	or constra	(State)			
- L	REMOVAL (Specify) Removal-Burial 3-3-5'							(2) Gie	,		
	23. FUNERAL DIRECTOR'S SIGNATURE		Union Field	Meller Meller	240 REC'D BY REG	ISTRAR AND MEL	Dork	ATI IOE			
	Part the the	2				DIKAL (MD AC	PIRAK S SIGN	TIOKE	R		
	Hopping Funeral	flome	Annapolis M	d.	DATE	1/10	7. 4	olla	chin		

SUREAU V. S.

most respiratory to the spiral or attending physician.

The spiral of the spiral or attending physician.

The spiral property of the spiral or attending physician or spiral or attending physician and campletely filled in by the funeral director, the funeral director, the spiral pieces is should be detected for use as the build-transit permit. Then please remove carbon papers. Pages I and 2 should be filled with the registrar prior to the condition, ar removal, and in any event within 72 haurs affected the condition.

I

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

02510 CERTIFICATE OF DEATH

02505

1. PLACE OF DEATH C. COUNTY A. A. CO MARKANNO B. CHYOSE TOWN (If carried corporate limin, write Linthicum Heights, Ma Linthicum Heights, Ma Linthicum Heights, Ma Linthicum Heights X. C. CHYOST TOWN (If contine corporate limin, write J. Linthicum Heights X. A STORY (If carried models) G. SHAPE AND JORNA (If the limin service deferen) G. NAME OF DEATH (If not insolate operate limin, write J. NAME OF DEATH AND JORNA (If the limin service) J. NAME OF DEATH AND JORNA (If the limin service) J. NAME OF DEATH AND JORNA (If the limin service) J. NAME OF DEATH AND JORNA (If the limin service) J. NAME OF DEATH AND JORNA (If the limin service) J. NAME OF DEATH AND JORNA (If the limin service) J. NAME OF DEATH AND JORNA (If the limin service) J. NAME OF COLOR OR RACE 7. NAMENDE IS NEVER MARRIDD 10 DORGED 1				LKIII ICA	TIE OI DEAT		Reg. (Reg. Dist. No.			
Linthicum Heights X0 Linthicum Heights X0 d NAME OF ROSTIAL [Foot in hospiol, give street oddress] 30 Jerlyn Avenye 40 Jerlyn March 50 Jerlyn Ma	o. COUNTY			MARYLAND	2. USUAL RESIDENCE (W. STATE Maryland	here deceased live		ence before adm	ussion)		
d NAME OF HOSPITAL (# not in hospital, give street address) 3. NAME OF DECEASED IN TITLE Middle 1001 3. DATE OF BITTE MOOD 4. DATE March 5. NO 19. DATE March 5. NO RURAL and give n	earest tawn)		OF STAY IN 16			·	d give nearest to	wn)			
3. NAME OF DECEASION First Middle Lot Moog DATE Moogh DATE Moogh DEATH Moogh DIVORCED DIVO	A NIAME OF HOCE	Tal /If and an housisel, and			d STREET ADDRESS		/	e. IS R	ESIDENCE A FARM?		
3. NAME OF DECEASION First Middle Lot Moog DATE Moogh DATE Moogh DEATH Moogh DIVORCED DIVO		300 Jerlyn A	venue		500 Jerly	Avenye		YES	NO		
Male White: Widowed: Drivorced: January 25, 1897 68 68 68 68 68 68 68 6	3. NAME OF DECEASED	First		Middle		I OF			mak abus		
Does of the property of the pr		1.75 a. 75 2					st birthday) Manths				
13. FATHER'S NAME JOSEPH MOOG 15. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Mrs. Elsie M. Moog, 300 Jeryln Ave. 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: DUE TO Conditions, if any, which gove rise to immediate couse (a), tolding the walk of the couse (a), tolding the walk of the couse (a), tolding the walk of the couse (b), tolding the walk of the couse and on the date stated above and the couse (b), tolding the walk of the couse (b), tolding the couse (c), tolding the walk of the couse (c), tolding the couse	during most of wor	king life, even if retired)	1			_			AT COUNTRY		
JOSEPH MOOG Amin Weister S. WAS DECEASED EVER IN U. S. ARMED FORCES? (16. SOCIAL SECURITY NO. 17. INFORMANT M. W. I 18. CAUSE OF DEATH [Enter only one course par line for (a), (b), and (c)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c) Conditions, if any, which gove rise to immediate course (o), Islaining the winder Course (o), Islaining the winder ONE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) IP. WAS AUTOPEY PERSORMED? YES NO ON ACCIDENT WAS UNDERLYING ONE AND DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of Item 18.) ON ACCIDENT WAS UNDERLYING ON ACCIDENT WAS UNDERLYING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) IP. WAS AUTOPEY PERSORMED? YES NO ON ACCIDENT WAS UNDERLYING ON ACCIDENT WAS UNDERLYING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) IP. WAS AUTOPEY PERSORMED? YES NO ON ACCIDENT WAS UNDERLYING ON ACCIDENT WAS UNDERLYING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) IP. WAS AUTOPEY PERSORMED? YES NO ON THE OF INJURY MONTH, ACCIDENT WAS UNDERLYING ON WHILE		CONCI									
The content of the		Joseph Mo	og								
PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Counter Heart Failure Canditions, if any, which gove rise to immediate course (b), total product (b) DUE TO Lying course lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? YES NO DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH II. OTHER SIGNIFICANTER. NOTIFY MEDICAL EXAMINER OF While of work of w	(Yes, eq. or unknown)					loog, 300					
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While of work of wor	Conditions, if c gave rise to it cause (o), stating lying cause lost.	iny, which the under the under to (c)	Curho ONS CONTRIBUTIN	G TO DEATH BUT	of the Le	SINAL DISEASE CO	NOITION GIVEN IN PA	PER	ORMED?		
21. I certify that I attended the deceased from		AS UNDERLYING 200 200 CAUSE OF DEATH MEDICAL EXAMINER)	DESCRIBE HOW I	NJURY OCCURRE	D. (Enter nature of injury in	Part I or Part II a	f item 18.)	1.50			
actual SIGNATURE ADDRESS (Street, city or lown, state) ACTUAL SIGNATURE M.D. 166 W. Type 220. BURIAL CREMATION, REMOVAL (Specify) Burial 3-7-57 Baltimore National ADDRESS (Street, city or lown, state) DATE SIGNE ADDRESS (Street, city or lown, state) DATE SIGNE 221. LOCATION (City, lown, or county) (Stole) Baltimore Md 23 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 242. REC'D BY REGISTRAR 245. REGISTRAR'S SIGNATURE	20c. TIME OF INJUI Hour a. n. p. m.		While Not whi	ile fo	ACE OF INJURY (Home, for tary, street, office bldg., et	n. 20f (City or f	own)	(County)	(State)		
NAME (Type) 22d. NAME OF CEMETERY OF CREMATORY 22d. LOCATION (City, fawn, or county) (Stole)	alive an	A 0 -		nd that death	accurred at 7 1/5	M, from th	e causes and an	the date sta			
Burial 3-7-57 Baltimore National Baltimore Md 23 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE	NAME (Type)					,			1 7		
23 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE	REMOVAL (Specify	1				1 .	*	[51	ole)		
William Cook, Inc., 1217 St. Paul Street DATE 3/6/57 A. D. Dieduck								IGNATURE			
	William Coc	k, Inc., 121	7 St.Paul	Street	DATE	3/6/5	7 d. 2	Hedrica	Ya.		

A. V Canada

TELLA LEL

Anne Arundel

IF UNDER 1 YEAR IF UNDER 24 HRS

USA

12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN ONSET AND DEATH

e. IS RESIDENCE

ON A FARM?

YES TO NO

Year

19 57

Rea. Dist. No

30

Months

PERFORMED 2. YES TT NO 🏊 (County) (Stote) 36 max 1952, that I last saw the deceased ADDRESS (Street, city or fown, state) DATE SIGNED Prince George County, Maryland 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) Lothian. Maryland "1/24b, REGISTRAR'S SIGNATURE 24a REC'DIBY REGISTRAT

0 VS A15 (4)

PHYSICIAN'S

NAME (Type)

REMOVAL (Specify)

22a. BURIAL, CREMATION, 22b. DATE THEREOF

23. FUNERAL DIRECTOR'S SIGNATURE

Robert Sasscer

Mt Zion Cemetery

ADDRESS

Annapolis.

4-2-57

FUNER AL HOME

WECE WELL

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH crematian Rea. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) a. COUNTY b. COUNTY ANNE ARUNDEL MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give negrest lown) ARNOLD SECONDS ARNOLD ector. d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS BROADNECK ROAD RELVEDERE METCHES 3. NAME OF First 4. DATE Middle Month DECEASED (Type or print) DEATH WILLIAM CHARLES MULLIKTN MARCI S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 3. DATE OF BIRTH 9. AGE (In years IF UNDER TYPAR IF UNDER 24 HRS. inst birthday) Months WIDOWED [7] DIVORCED [yrs. 10a USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? Laundry Truck Driver MEAU TITL MARYLAND 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME may Pages CHARLES M. MULLIKIN 950 IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 108 MRS. CLEO MELLIKIN 18. CAUSE OF DEATH | Enter only one cause per line for (a), (b), and (c), PART I, DEATH WAS CAUSED BY: MEMORR HAGE IMMEDIATE CAUSE (a) DUE TO LACERATION OF RIGHT CAROTID ARTERY AND Conditions, if any, which gove rise to immediate couse JEGULAR VETN DUE TO (o), stoting the underlying cours lost 0 PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY 0 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) PRIMARY Deor CONTRIBUTING 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f. (City or town) factory, street, office bldg , etc.) 5 : 30 p. m of work of work Proadneck Road Trao d. 21. I certify that I took charge of the remains described above, held an Autopsy ... Z C Inspection . Inquiry , and find that Accident X, Suicide . death resulted from: Natural causes Homicide | Undetermined cause REC ACTUAL SIGNATURE CHIEF MEDICAL EXAMINER 00 forwarded to ASSISTENT MEDICAL EXAMINER DEPUTY

VS. A1SME(S) SM 9/55

EXAMINER'S

NAME (Type)

REMOVAL (Specify)

23. FUNERAL DIRECTOR'S SIGNATURE

220 BURIAL CREMATION, 22b, DATE THEREOF

GUSTAVE H. FAIRERT

ADD RESS 24a/REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DATE

22d. LOCATION (City, town, or county)

DEPUTY MEDICAL EXAMINER

22c, NAME OF CEMETERY OR CREMATORY

02507

e. IS RES DENCE ON A FARM? YES TO NO TH

Yeor

1957

Hours

INTERVAL BETWEEN ONSET AND DEATH

SHODEN

YES T

(County)

PERFORMED?

DATE SIGNED

NO F

(Stote)

Day

Days

E. V UAR . S.

DE AUTO THE

		PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission)										
7	4	o. COUNTY	Anne Arunde	o. STATE aryland American and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)										
1	b	CITY OR TOWN	(If autside corpciale times, write											
1		Seneral	I/Park		Pasaden	a P.O.	Xò							
_	•	d. NAME OF HOSPI	TAL OR INSTITUTION (f not in h	ospital, give street odd	ress)	d. STREET ADDRES	55	1					ESIDENCE A FARM?
0		Jumper	Hole Rd.				Brookf	ield Rd] NOX
		NAME OF DECEASED	fin	d .	Middle		Last	4. DATE	A	Aonth		Day	Y	ear
		(Type or print)	Leroy Jame					DEATH	March	17t	h.		1	9 57
	5 . S	SEX	6. COLOR OR RACE	7. MAR	RIED NEVER MARR	NED 🔲 8.	DATE OF BIRTH		9. AGE (In year foot birthday)		UNDER 1			ER 24 HRS
		M	W	WIDOW	ED DIVORCE	0 0	June 1899			yrs. ^	Aprilhs D	מאו	Hours	Min.
,	10a	USUAL OCCUPAT	ION (Give kind of work a	ione 10b.	KIND OF BUSINESS C	OR INDUSTR	Y 11. BIRTHPLACE (S	tote or foreign	country)		12. CITIZI	EN OF	WHAT	COUNTRY
1.		Plumb					Baltim	ore.Md.			U	S.	A.	
	13.	FATHER'S NAME					14. MOTHER'S MAIDE							
		John M	lyers				?	H	ull					
		WAS DECEASED E	VER IN U. S. ARMED FO		6. SOCIAL SECURITY N	O. 17, IN	FORMANT		Ado	Iress				
,	5,00	No	for host dies was to oppose or	ALTONO	218-18-70/	18	Mrs. Emi	lia Myan	rs (wif	(a				
		18. CAUSE OF DEA	ATH [Enter only one cou	se per l'n								INTER	AL HETWI	EN
		PART I. DEA	TH WAS CAUSED BY:	C	oronary Oc	clusi	on					S	Sudden	
		420.1	DUE TO											
		Conditions, if												
		gove rise to imme	ediote couse									-		
		(o), stoting the	underlying fct.											
	Z	PART II, OT	HER SIGNIFICANT CON		CONTRIBUTING TO DE	ATH BUT N	OT RELATED TO THE TE	ERMINAL DISEAS	SE CONDIT ON	GIVEN	IN PART	1(0) 19		
0	CERTIFICATION											Y	PERFO	NO K
W .	TFIC	20a EXTERNAL CA	USE WAS 20	b. DESCR	IBE HOW INJURY OCC	URRED. (Er	ter nature of injury in	Part I or Part I	of item 18.)				bard	7 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4
	CER	PRIMARY OF CO	NTRIBUTING []											
	CAL	20c. TIME OF INJE	JRY Month, Day, Yea	r 29d	. INJURY OCCURRED		E OF INJURY (Home,		y or town)		(Coun	ty)		(\$lote)
	MEDICAL	Hour e.m.	19	Wh	ile Not while work of ot work	focto	ry, street, office bldg.,	etc.)						
	~		hat I taak charge			ed abov	e held on Auto	nosy 🗍	nspection	χī	Inquiry	r-1)	and	Cod the
			d fram: Natural				ide [], Hamic		nspechan Indeterm i ne	_		L	- und	HIIG ING
		deam resone	1	7	P-I, Accident	_i,oic	ide [], Humsc		HUCKERRINE	iu cui	ose [].			
		ACTUAL 6	usting Il	12,	11 lankill	7	L CHIEF MEDICA	S EYAMINED IT	,				DATE S	IGNED
7		SIGNATURE_	according 18	ميمكانون أرمو	my my k		_M.D.	DICAL EXAMIN	•					
* *		EXAMINER'S	stave H. Fa	nhon	+ M D			AL EXAMINER		2	/18/5	7		
	220		ON. 226. DATE THEREO		22c. NAME OF CEM	ETERY OR							10.1.1	
	250	REMOVAL (Specify	1 / /	t					TION (City, to		соопіу		(Stote	")
	23	FUNERAL DIRECTOR	3/20/57		Address	Have		EC,D BA KEGI2	Itimore		LARIS SIGN	LATILO	:	
			Lomos Uomos	. 10		Atronia		D O 1		راداف.	8 77	7 (7	1-0-

forwarded to the CD TO FUNERAL DIREC. VS. A15ME(5) SM 9/55

or removal.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the forecal director. Page 4 should be forwarded to the febral Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

BUREAU V. S.

7201 IS 9AN.

BECEINED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

02509

BUREAU V. 2.

7201 P.1 9AM



DECENDED

BUREAU V. S.

IS RESIDENCE ON A FARM?

YES T NO T

Year

Day 1057 10 IF UNDER 1 YEAR IF HINDER 24 HRS Months Days Hours 12 CITIZEN OF WHAT COUNTRY? U.S. Crownsville State Hospital Crownsville Md. INTERVAL BETWEEN ONSETCAND DEATH PAIT II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 3(a) 19. WAS AUTOPSY PERFORMED? YES I NO I (County) (State) 1957 that I last saw the deceased ____, and that death occurred at 9:10a M, from the causes and an the date stated above. ADDRESS (Street, city or town, stote) Crownsville, Md. 20-BURNAL CREMATION. AZC. NAME OF CEMETERY OR CREMATORY (State) FUNERAL DIRECTOR'S SIGNATURE 240, REC'D BY JEGISTHAR 24b. REGISTRAR'S SIGNATURE

O FUNERAL DIN-2

BUREAU V. S.

7201 IS **NAM**

DECENTED

02512 CERTIFICATE OF DEATH 02515 Rea. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution. Residence before admission) o. COUNTY iled b. COUNTY MARYLAND death. b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give negrest tawn) Nutwell 20475 d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? YES NO 3. NAME OF First Middle 4. DATE Month Year Day DECEASED (Type or print) 195 5. SEX 9. AGE (In years lost birthday) IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH Months Days Male DIVORCED [T WIDOWED 17 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? TObacco gud -AYLUE/Z 13. FATHER'S NAME physician death certificate Jos. Richard 17. INFORMANT 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. attending 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: & micz . IMMEDIATE CAUSE (a) **DUE TO** Conditions, if any, which gave rise to immediate **DUE TO** couse (a), stating the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? 0 YES NO T 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a. n. While Not while of work al work P. m. 10 , 195), to March 9 1952 that I last saw the deceased 21. I certify that I attended the deceased from P ___, and that death occurred at _____, m, from the causes and on the date stated above. ADDRESS (Street, city or town, stote) DATE SIGNED ACTUAL SIGNATURE 5 3 should PHYSICIAN'S FUNERAL NAME (Type) 220. BURIAL CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, towns of Edulity (Stote) abod REMOVAL (Specify) 730Y11 23. FUNERAL DIRECTOR'S SIGNÁTURE ADDRESS 24a. REC'D BY REGISTRAR 245 REGISTRAR'S VS A15 (4)

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

BUREAU V. R.

7201 A1 AAM

BECEINED

VS A15 (4) 15M 9/55 02513

2471 CERTIFICATE OF DEATH

Reg. Dist. No. 2]

_								·				
1.	PLACE OF DEATH					SUAL RESIDENCE (Wh	ere decease	h COUNTY			dmissio	on}
	Anne	irundel		MARYLAND		Maryland		Anne	תטתA	del		
	b CITY OR TOWN (H RURAL and give no	f autside carporate limi arest town)	ls, write	c. LENGTH OF STAY IN 16		CITY OR TOWN (If a		arate limits, write Rt	JRAL and giv	re nearesi	lawn)	
_	Annapoli	ls			10)113					
	d. NAME OF HOSPIT	AL (If not in hospital, g	jive street	address)	a l	d. STREET ADDRESS					S RESID	FARM7
	Anne Ari	undel Gener	al H	ospital		999 Van Bi	ren ;	St.		Y	ES [_]	NO 📑
	NAME OF DECEASED	Fir	al .	Middle		losi	4. DATE	Moni	h	Day	Ye	ear
	(Type or print)	ANTON	IO	PUNAR	0		DEATH	MARCH :	25 ,	1957	19	9
5.	SEX	6 COLOR OR RACE	7 MARI	RIED NEVER MARRIED	B DA	TE OF BIRTH		9. AGE (In years	IF UNDER T			
1	la le	White	WIDOW	ED DIVORCED	Ma	y 22, · 1884		72 yrs.	Manths 0	Days H	OUTS	Min.
100	USUAL OCCUPATIO	N (Give kind of work-	dane 10b	KIND OF BUSINESS OR INDU	STRY	11 BIRTHPLACE (State	ar foreign (country)	12. CITIZ	EN OF V	/HAT (COUNTRY
	Retired-			rocery Store		Italy				USA		
13.	FATHER'S NAME				14.	MOTHER'S MAIDEN N	AME		!			
	Angel	Punaro				Teresa (Curcia	2				
15		R IN U. S. ARMED FOR	CES7 16	SOCIAL SECURITY NO. 17.	NFOR			Addr	ers	·		
[Ye		(If yes, give war or dates of s	ervice)	53-52-3034A Mr	_ D	an Dunano	_ 1,74 4	fe- Same	as #	2		
	no	no			n e	osa runaro.	- W.L.	re- name	as n			
		•		ne far (a) (b), and (c)]						ONSEL	AND [WEEN DEATH
	PART I. DEA	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 72 COPPRATY BISORS ONSET AND DEATH SUCCE BUCCOP										
	420.1 DUE TO											
	Canditions, if any, which) (b)											
	gave rise to it	mmediate (OUE 70										
	lying cause lost.											
Z	PANT II OTH			CONTRIBUTING TO DEATH BUT	NOT	RELATED TO THE TERM!	NAL DISEAS	SE CONDITION GIV	EN IN PART	1(a) 19 \	WAS A	LTOPSY
ATIC			***							· · P	ERFOR.	NO T
5	20- 4551055 7 1414	C HAIRCONNIA T	201 055	Chine HAWAR HIRV ACCURE	D 45-	1 1 1 1 1 1 1 1	le et 1 e e 8 e	- 11 - 5 - 1- 10 h		7.5	۰ ا	NO LA
CERTIFICATION												
MEDICAL	20c TIME OF INJUR	Y Manth, Day, Ye	or 20d. 1	NJURY OCCURRED 20e PL	ACE C	F INJURY (Home, form,	20f (Cit	y or town)	(Ca	unty)		(State)
(CD	Hour a.m.	19	While	Nat while fa	ctary,	street, affice bldg., etc)					
5						CE M	arch	25 57				
	21. I certify th	at I attended the	deceas			., .,		25 19 57	.,that I lo	ist saw	the c	deceased
	alive onMa	rch/_/25_/	1, 19_	.57, and that death	occ			m the causes a		e date		
		37 7	.//					Street, city or tawn,			DAT	TE SIGNE
	ACTUAL	Du La	MJ.		M D	3 Chespeak	• Ave	, Annapol	is M	1. 3	1/26	7/57
		1 51	,/				alan adap appe appe appe about					
	PHYSICIAN'S NAME (Type)	F: 41	2/11	*RQ1								
220	BURIAL CREMATIO)F	22c. NAME OF CEMETERY O	R CRE	MATORY	22d LOC/	VION (City, tawn, o	r county)		(State))
***	REMOVAL (Specify)		57	Westover Memo	_	_	Augu		. "		,	
23.	TUMERAL DIRECTOR		-	ADDRESS	/ L .LC	240 PEC'	BY REGIS		TRAIL'S SIGN	NATURE.		
3	HOPPING FI	NESAU HOO	To AT	mapolis, Maryl	and	MULL	0.10	1	7 /	17		1
		7 7 77	462			WINDAIN F	1010		m. U	an	en	Chy.

MAR OF 150.

BUREAU V. 2.

0251/4

Reg. Dist. No.

	a. COUNTY	Arsindal		MAI	YLAND	g. STATE Mary 1		lived If instituti b. COUNTY				on}
		f autside carporate limit	write	c. LENGTH OF STA				-au at ta u u ta m		cest		
	Crownsvil	arest town)	, ,,,,,,,	8 yrs.2mc	ll ll	c. CITY OR TOWN (I		ore irmits, write K	UKAL ONG	give near	rest rown	,
-	A NAME OF HOSPITA	At (If not in hospital as	va straat c	ddeses)	18. TK	d. STREET ADDRESS	ATTTO	4		1	AC DECL	Des Cr
	OR INSTITUTION	le State Ho	ender	.7		None 1	2.4.3			· ·		FARM?
_					!						YES [_]	NO 🗌
3.	NAME OF DECEASED (Type or print)	Firs	ı Jimmi	Midd	le	lost	4. DATE OF	Mon		Day		ear
	SEX					Purnell	DEATH	3		21		9 57
		No esse		ED NEVER MARI	- 1	DATE OF BIRTH		9. AGE (In years last b ritiday)	Months	Days	Hours	R 24 HRS. Min
0-	Male		WIDOWE	<u> </u>		Not give		887 yr		-		_
VE	during most of worki	ing life, even if retired)			OR INDUST	RY 11. BIRTHPLACE (Sto		unity)			TAHW	COUNTRY
_	Laborer	•	No	t given			yland		U	. 5.		
J.	FATHER'S NAME	Furnell				14. MOTHER'S MAIDEN						
-						1	y Statio					
5 (Y#	WAS DECEASED EVER	R IN U. S. ARMED FORCE (If you give won or dores of sec UTIK)	ES7 16. S	SOCIAL SECURITY N		FORMANT		Crowns VI			Hos	pita.
_				Unk.		spital Reco	rds	Crownsv	ille,	Md.		
		TH (Enter only one cou								INTE	RVAL BET	WEEN
		TH WAS CAUSED BY: IMMEDIATE CAUSE (0)	Cer	ebrovascu	mar A	ccident						
	4.00.1	DUE TO		7 - 1 -			_					
	Canditians, if an		Seni	.ie arteri	oscTe	rotic cardi	ovascula	ar Disea	s e			
	gave rise to im cause (a), stating t					ė						
	lying cause last.	} (c)								<u> </u>		
5	PART II. OTHI	ER SIGNIFICANT COND	ITIONS C	ONTRIBUTING TO D	EATH BUT N	OT RELATED TO THE TER	MINAL DISEASE	CONDITION GIV	EN IN PAR	[1(a) 19	. WAS A	UTOPSY
5											YES 🔲	
K 11	OR CONTRIBUTING	LI CAUSE OF DEATH I	206. DESC	RISE HOW INJURY	OCCURRED.	. (Enter nature of injury i	in Part I ar Part	tt of item 18.)				
2	(IF EITHER, NOTIFY A	MEDICAL EXAMINER)				- 						
Ş	20c. TIME OF INJURY Hour a. ft.	Y Month, Day, Yea	r 20d. IN While	JURY OCCURRED Not while	20e. PLA	CE OF INJURY (Home, fa ary, street, affice bldg., e	irm, 20f. (City	or town)	(0	County)		(Stole)
ž	p. m.	19	ot wark	at work		3						
	21. I certify the	at I attended the	decease	d from 1/9/	49	, 19, ta	3/21	, 19 <u>.57</u>	.that L	last sa	w the s	decense
	alive an 3/2	200	. 19. 5	Z and the	t death	accurred at 6:1	Oa.M. from	the couses o	nd on th	ne dat	e state	d above
		Un.	. /	-7				eel, city ar lawn,		10 001		TE SIGNE
	ACTUAL SIGNATURE	Wille	M		A	D. City	ownsvil!	Le. Md.			3/21	/57
		1									4 4	
	PHYSICIAN'S NAME (Type)	L. Ber	nedic	t M. D.								
2c	BURIAL CREMATION			220 NAME OF CE	METERY OF	GREMATORY 7	22d NOCATH	QN /City, town, c	or county))		(State)
Z	REMOVAL (Specify)	3-53-	X5 7	Wat M	Y. Y'CK	Lica Sile and	1051	to ->	12	gar.		
3.	FUNERAL DIRECTOR'S	SIGNATURE (ADDRESS	-	240. RE	C'D BY REGISTR	AR 24b. REGIS	TRAR'S SIC	SNATUR		

DECEDA FILL

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

2 .V UASAUB DESEID EIL

7		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	4.0
•	,	2473 CERTIFICATE OF DEATH 025	16
A Set 1	1	1. PLACE OF DEATH O COUNTY 2. USUAL RESIDENCE (Where deceased lived. If institution Repidense before admission of STATE	
direct filed	A	Come I we do MARYLAND	1]
deoth		b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town)	
the fu	,	d NAME OF HOSPIFAL (If not in haspital, give street address). d STREET ADDRESS.	ENCE
n by		Cimmed general forfitty 193- wither Steel YESON	
illed i		3. NAME OF DECEASED (Type or print) I D F Middle Lost 4. DATE Month Day Year OF DEATH MFRC + 15 19	177
within etely F. Pog		5. SEXT 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B DATE OF BIRTH 9. AGE (In yours IF UNDER 1 YEAR) IF UNDER 1	50° V
omplo		10a. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT CO	QUNTRY
executor on pol	12	NOMESTIC , MAID KENT GANGE L. J.+	_
carb	-	18. FATHER'S MAIDEN NAME	
rtifice physik move hours		15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT	. 57
th ce ding ise re in 72	t	NO 218.36-369/1Mis. Jester Miner 324-36	4
atten offen offen withi		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: ONSET AND DE	EATH
the Ther		45/X DUE TO 2	
ed by		gove rise to immediate (b) (Mother from Charles of Charles	
on. sign		tying couse lost. DUE TO (c)	
fow hysici beel l-tran vol, o	5	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUT PERFORM YES N	TOPSY ED?
ng pl e Bos burio		YES N 20a. ACCIDENT WAS UNDERLYING DELICIONAL 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part II of item 18.)	10)3
thendi ficol		(IF EITHER, NOTIFY MEDICAL EXAMINER)	/
HYSIGN OF CONTRACT		20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While Not while of work of w	(State)
Spito Spito ffer the d for of, cre		21. I certify that I attended the deceased from March 5, 1921, to March 15, 1931, that I last saw the de	PC&CCC
the h		alive on Thank 19 , 19 , and that death occurred at 2157 M, from the causes and on the date stated	
RECTO	1	ACTUAL SIGNATURE A. S. Charles ADDRESS (Street sity or town, state) M.D. 110 - Clar Street sity or town, state)	SIGNED
retoined tAL DIR should b	- /	PHYSICIAN'S NAME (Type)	7.7
HOSPI loy be FUNER oge 3:		220 BURIAL CREMATION, 226, DATE THEREOF 220 NAME OF CEMETERY OR CREMATORY 220 19CATION (City, town, or county). (State)	(,
5 5 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8		23. NUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRE	
VS A15 (4) 15M 9/55	10 10	Dilleant Leave to avaragel 1 md. DATE 3/19/57 Im. C. Thence	ha .
	*		-



BUREAU K. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

BUREAU V. S.

. TOI SI NAM

DECENTE

VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 2474 CERTIFICATE OF DEATH

02518

Rea. Dist. No.

- 1							
	1. PLACE OF DEATH O. COUNTY MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b COUNTY					
	b. CIP/ OR TOWN (If outside corporate limits, write RYRAL and give nearest lown) c. LENGTH OF STAY IN 1b	c. CLTY Of TOWNTII autside corporate fimits, write RURAL and give nearest town)					
	d NAME ON HOSPIAL VIF not in habital, give street address) OR INSTRUCTION	d-STREET ADDRESS					
	ORINSTITUTION / JIZZICE	15/126ren Toac VES NO					
	3 NAME OF DECEASED (Type or print) Callette Days	PLOUL 4. DATE Month Day Year OF DEATH 3- 15-1957					
	5 SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED	BDATE OF BIRTH 9. AGE (In years IFUNDER I YEAR IF UNDER 24 HIS) 10st birthdoy) Wonths Days Haurs Min When the desired of the property of					
1	106 USUAL OCCUPATION (Give kind of work done to kind OF BUSINESS OR INDU dering most of working life, eyen if retired)	TSullimore Mid. 17 CITIZEN OF WHAT COUNTRY?					
	13 FATHER'S NAME PLANES J. P. Cavis	Codith Losson					
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (19s. no. or unknown) (1) yes, give wor or dotes of service)	Fenrus O Tedus 2					
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)]	INTERVAL BETWEEN ONSET AND DEATH					
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	monhage 17 days					
	33/X DUE TO CONTINUE OF THE PROPERTY OF THE PR	of a trained and					
	Canditions, if any, which gove rise to immediate DUE TO	in mountains pro-					
	lying cause lost.	•					
,	1 Part II. OTHER SIGNIFICANT CONDITIONS CONTR PUT NG TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO					
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in Part I or Port II of item 18.)					
		ACE OF INJURY (Home, farm, ctary, street, office bldg., etc.) (City or town) (County) (State)					
	21. I certify that I attended the deceased fram 14 24						
	alive ap 11 19 3 , and that death	Appress (Syeet, city or town, stote) DATE SIGNED					
,	SIGNATURE CAMPILE THE SIGNATURE	MD. 31 South Sats Cw 3/17/57					
	PHYSICIAN'S MAURICE F. KLAWANS	annapolis, ml.					
	220 BLRIAL CREMATION, 226. DATE THEREOF 22c NAME OF CEMETERY SOMOVAL (Specify) 3-18-57 Oolden	OR GREMATORY 22d JOCASION (City Jaw of county) (State)					
	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	Lelin 240. REC'D BY REGISTRAR 245 REGISTRAR'S SIGNATURE					

DECEIVED. V. S.

Rea. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY Baltimore City c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore City " e. IS RESIDENCE ON A FARM? 1606 John Street YES NO Month Day 10 IF UNDER I YEAR IF UNDER 24 HRS 9. AGE (In years last birthdoy)
73 yrs. Doys 12. CITIZEN OF WHAT COUNTRY? U.S. Rachel Rollins Crowns Ville State Hospital Crownsville, Md. INTERVAL BETWEEN ONSET AND DEATH PERFORMED? YES NO 🔀 (County) (State) 3/13 , 157 , that I last saw the deceased , and that death occurred at 5:30pM, from the causes and on the date stated above. ADDRESS (Street, city or town, state) Crownsville. Md. (State)

R4b. REGISTRAR'S SIGNATURE

BUREAU V. S.

7201 81 **9A**M



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

EUREAU V. S.

2561

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NSTRUCTIONS

this

far death, After third copy, of

hours

with the registrar within (filled-lin by the funeral

burial transit permit.

the attending physician and completely be detached for use as a burial transit po

TO FUNERAL DIRECTOR: The law requires that the death certificate be

certificate has been executed by death certificate assembly should

director,

1. PLACE OF DE COUNTY

HOSPITAL OR INSTITUTION OR STREET ADDRESS

3. NAME OF DECRASED (Typa or Print)

OR TOWN

(if oulsida co

end give ne

MARYLAND ST	ATE DEPARTMEN	IT OF HEALTH-	-BALTIMORE, 18	
2475 CER	TIFICATE	OF DE		. (12521
Iter	<u>3 FilmC213 le</u>	12-57 et		
ATH		2. USUAL RESIDI	ENCE (HOME) OF DECE	ASED
a	MARYLAND	STATE //C	COUNTY	1/7
rest fown)	LENGTH OF STAY	CITY (It outside con	porate limits, write RURAL and gi	ve nearest town)
nopolis	3 675	TOWN J.	1esVILL	- E
		STREET	(If rurel give loc	tetion)
AnueArunde/h	Teneval	ADDRESS		
(fust)	(Middle)	(Last)	4. DATE (Month)	[Day] (Year)
LOUISE Fro	iss water	Sucett	DEATH 3	2 9 1257
COLOR OR/ 7. SINGLE, MARRI		F BIRTH		UNDER 1 YEAR IF UNDER 24 HRS
all (Specify) Vis	Much Sept "	7 1890	66 yrs. mo	nihs Deys Hours Min.
	ID OF BUSINESS	11. BIRTHPLACE (Stella or fo	reign country)	12. CITIZEN OF WHAT
	400d 1	and beysto	our Md	CODITIKIT
		14. MOTHER'S MAIDER	N NAME	
owner Thomas		alice !	Turner	
ER IN U. S ARMED FORCES? 16	SOCIAL SECURITY NO.	17. INFORMANT &	4	1 // .
'es, give wer or detes of service)	130,16,4770	Roywood	Foundain la	NIOSOMPMO
TIONS DIRECTLY LEADING TO DEATH	18. MEDICAL CER	TIFICATION	ð	INTERVAL BETWEEN ONSET AND DEATH
	Circle re	1 (Van	nanhy 2x	2 Lewy
TE CAUSE (A)	d inches	,	7	
T CAUSE(S) DUE TO	creareas	ecenter 1	la perter	6 79

SEX 6. 100. USUAL OCCUPATO done during most of retired) ZyS/E/ 13. FATHER'S NAME 15. WAS DECEASED EN (Yes, no, or unk) I DISEASES OR COND MAMEDIA ANTECEDE DISEASES OR CONDITIONS, IF GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19a. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION 2D. AUTOPSY? YES | NO | 210. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, ferm, fectory, 21c. WHERE DID INJURY OCCUR? (City or lown) (County) (Stele) OR CONTRIBUTING [] CAUSE OF DEATH OF INJURY street, office bldg., etc.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. TIME OF INJURY (Month) (Day) 21e. INJURY OCCURRED 21f. HOW DID INJURY OCCUR? (Yeer) (Hour) While Not while at work et work 22. I hereby certify that I attended the deceased from. ..., and that death occurred alive on .. SIGNATURE A15C 1-55 10M (Telu M.D. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) REMOVAL (SPECIFY) REC'D BY REGISTRAR REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS DATE

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

A . V UABRUE

DECEDAED

15M 9/55

ON A FARM? YES NO Day 19 IF UNDER I YEAR IF UNDER 24 HRS Manths Days 12 CITIZENJOF WHAT COUNTRY? TOMAC INTERVAL BETWEEN ONSET AND DEATH PERFORMED? YES NO M (County) (State) Z., 19-2 Z. that I last saw the deceased DATE SIGNED (State) MORE 24b. REGISTRAR'S SIGNATURE

Rea. Dist. No

e IS RESIDENCE

BUREAU V. S.

ZS61 1. €.

OBAGE SAL

VS. A15ME(5) 5M 9/55

100 mm

MARYLAND STATE			
02521 MEDICAL EXA	AMINER'S CER	TIFICATE OF	DEATH

Reg. Dist.

02	524
No.	70

	1. PLACE OF DEATH anne brunds				ution: Residence before admission)					
	Prince Georges	MARYLAND	O. STATE Marv)	b. COUNT	Prince Georges					
	b. CITY OR TOWN [If outside corporate kinsts, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	outside corporate limits, write	RURAL and give nearest lowill					
	Gambrills	9 Yrs.	(Gambr	ills						
	d. NAME OF HOSPITAL OR INSTITUTION (IF not in h	ospital, give street address)	d. STREET ADDRESS		e. IS RESIDENCE					
	U-S-Route 301		U.S.	Porte 203	ON A FARM? YES TO O					
	3. NAME OF First	Middle	lest	4. DATE Mont	h Day Year					
	OECEASED (Type or print) Lewis:	Lyle Sim	mons	DEATH March	31 19 57					
	5. SEX 6. COLOR OR RACE 7. MAR	RIED NEVER MARRIED B.	DATE OF BIRTH	9. AGE [In years	IF UNDER TYEAR IF UNDER 24 HRS.					
	Male White willow	ED DIYORCED	Sept. 5.	1906 SO yn.	Months Days Hours Min.					
	10a. USUAL OCCUPATION (Give kind of work done) 10b.	KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (Stole	or foreign country)	12. CITIZEN OF WHAT COUNTRY					
1	during most of working life, even if retired)		Cristof	Arkansas	U.S.A.					
	13. FATHER'S NAME (F'AI'		14. MOTHER'S MAIDEN N	AME Boice						
	Walter Simmons	Store:	Li	llie Boyse Bow	ers.					
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? [1]	6. SOCIAL SECURITY NO. 17. M	IFORMANT	Address						
)	[Yes, so, or unknown] (If yes, give war as dates of service)	212 14 93 94 01	era Tna Simm	ons: Same addi	resa					
	18. CAUSE OF DEATH [Enter only one couse per lin				INTERVAL BETWEEN					
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6)	Acute conges	tive heart fa	ailure	ONSET AND DEATH					
	442 X DUE TO									
	Conditions, if any, which) Cardiovascular renal disease									
	gove rise to immediate couse									
	(a), stating the underlying out to									
		CONTR BUTING TO DEATH BUT N	OT RELATED TO THE TERMI	NALDISEASE CONDITION GIV	EN IN PART 1(0) 19 WAS AUTOPSY					
2	PART II. OTHER SIGNIFICANT CONDITIONS				PERFORMED? YES NO -					
	200. EXTERNAL CAUSE WAS 20b. DESCR	BE HOW INJURY OCCURRED. (E	nter noture of injury in Port	f or Port II of item 18.)						
	20b. DESCR									
	3 20c, TIME OF INJURY Month, Day, Year 20d		E OF INJURY (Home, form	20f. (City or town)	(County) (State)					
	20c. TIME OF INJURY Month, Day, Year 20d Hour o. m. Wh	ile Not while racta	ry, street, office bldg., etc.	1						
	21. I certify that I tack charge of the	remains described above	ve, held an Autops	, Inspection I	Inquiry 🗐, and find that					
	death resulted from: Natural causes				The state of the s					
	0 /									
	SIGNATURE DOMO W	Janey	M.D. CHIEF MEDICAL EX	AMINER [DATE SIGNED					
	1		ASSISTANT MEDICA	AL EXAMINER						
	EXAMINER'S John T. Malone	7, M.D.	DEPUTY MEDICAL I	EXAMINER Marc	h 31. 1957					
	220. BURIAL, CREMATION, 226. DATE THEREOF	22c. NAME OF CEMETERY OR	CREMATORY	22d. LOCATION (City, town,						
ı	Burial 4/3/57	Cedar Hill	Cemetery	Suitland,	Maryland					
	23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS IInner	24a. REC'	BY REGISTRAR 246. REGI	STRAPE SIGNATURE					
	Ritchie Bros. Funeral	Home-Maribor	o.Md. DATE	DA	A. M. Vances					
-										

BUREAU K. E.

Z96T 5 8dV

BECEINED

02525

Calvert. c. CITY OR TOWN (If autside corporate fimits, write RURAL and give negrest town) IS RESIDENCE ON A FARM? YES T NO T Year Dow 19 57 HE LINDER I YEAR IF LINDER 24 HRS Davs 12 CITIZEN OF WHAT COUNTRYS U. S. Crownsvilladd State Hospital INTERVAL RETWEEN ONSET AND DEATH PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? YES M NO (County) (State) 3/17 19.57 that I last saw the deceased and that death accurred at 10:20a M, from the causes and an the date stated above DATE SIGNED PHYSICIAN'S Benedict. NAME (Type) 22c. NAME OF CEMETERY OR CREMATORY 220. BURIAL, GREMATION. 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24or REC'D BY REGISTRAR 24b REGISTRAR'S SIGNATURE DATE

Page nours after death." requires that the death certificate

2

FUNERAL

(°)



SECT OF AAM



BUREAU V. &

See I. AAN.

DECENAED

		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	2527
,		CERTIFICATE OF DEATH Reg. Dist. 1	21
6.1	1.		
		b. CITY OF TOWN (If autside corporate limits, write RURAL and give RURAL) ond give nearest town) c. LENGTH OF STAY IN 1b c offy OR TOWN (If autside corporate limits, write RURAL and give	nearest town)
6"		OR INSTITUTION CONTINUE OF HOSPITAL (If not the hospital, give street address) or INSTITUTION CONTINUE	e. IS RESIDENCE ON A FARM? YES NO 1
	3	NAME OF DECEASED (Type or print)	Day Year 1 / 19.57
	5.	Fernali Col: WIDOWED & DIVORCED 1/1-1-18/1 Syrs Months Day	ARVIF UNDER 24 HRS.
1	7	Solvice Le Dome Unitable Md. U	OF WHAT COUNTRY?
		Newry Bian a Catherine Luck	
	115	for no. or unknown) (IT you for warming down of service) - Superior B. Singette 6 Dorwing the	Jana M
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PART I. DEATH WAS CAUSED BY:	NTERVAL BETWEEN
		Conditions, if ony, which) (b) (exclude Herrort	
		lying cause last. (c) Circuit delived for harlenser Cardy for a	a dise
3	CATION	4	19. WAS AUTOPSY PERFORMED? YES NO
	AL CERTII	(IF EITHER, NOTIFY MEDICAL EXAMINER)	
	MEDIC	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, 20f. (City or tawn) (Coun foctory, street, affice bldg., etc.) p. m. 19 of wark at wark	ly) (State)
		21. I certify that I attended the deceased from 1937, ta 1 account 1937, that I last alive an 1937, ta 1 account of the causes and an the causes are the causes	saw the deceased date stated above.
1		ACTUAL SIGNATURE ALL RELIGION M.D. 110 COM. SIGNATURE ALL RELIGION M.D. 110 COM. SIGNATURE	DATE SIGNED
•		PHYSICIAN'S NAME (Type)	1//
	22	EMOVAL SPACETY 3-21-57 St. Unive Urthalistisi	(State)
	31	William Theoretic Ti- Will opolis, Mf. pate D 10 1017 Jm. G.	Trenche
		Menical Certification	2. USUAL RESIDENCE (Where designed liver). If initiations performe to the COUNTY of TOWN (II outlied science) lights, write a CENTRO P STAY IN 10 B. COUNTY OF ROWN II durinds accorded lights, write a CENTRO P STAY IN 10 B. COUNTY OF ROWN II outlied scienced lights, write a CENTRO P STAY IN 10 B. STAND OF HOSTITAL (II morph happiled, one stread address) B. STAND OF HOSTITAL (II morph happiled, one stread address) B. STAND OF HOSTITAL (II morph happiled, one stread address) J. STAND OF HOSTITAL (II morph happiled) when the stread address of the stream

A S. V. UABHO.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

02523 CERTIFICATE OF DEATH

02528

4		VH	U.34	GERTII	147	16 01 1	PERMI			Reg. Dist	. No.	
	o. COUNTY Anne Ar	rundel		MARYL	- 11	2 USUAL RES	Maryl		lived If instituti b. COUNTY		imore	
	b. CITY OR TOWN (If RURAL and give ne	outside corporate limits, v	vrite c. Ll	ENGTH OF STAY IN	4 1b	c. CITY OR	TOWN (If as	utside corpo	rate limits, write R	URAL and gr	ve nearest to	wn)
	Crowns	ville		l yr.19	days	-	Balt:	imore	City	*		
	d. NAME OF HOSPIT. OR INSTITUTION OF OWN SV	AL (If not in hospital, give	street oddre Hospit	tal		d STREET	0	zabet	h Avenue		ON	ESIDENCE A FARM?
	3. NAME OF DECEASED (Type or print)	First Heni	гу	Middle		lo Ste	wart	4. DATE OF DEATH	Man	th 3	Day 8	Yeor 1957
	5. SEX	6. COLOR OR RACE 7.	MARRIED [NEVER MARRIED	8	DATE OF BIRT	TH		9. AGE (In years last birthday)		YEAR IF UN	
	Male	0-	DOWED [3			Not gi			1 1 " yes.	Monms	Pays Hour	s Min.
1	10a. USUAL OCCUPATIO during most of work Unknows	N (Give kind of work dang ing life, even if retired)	10b. KIND	OF BUSINESS OR	INDUST		Caro		ountry)	12 CITIZ	U. S.	AT COUNTRY?
1	13. FATHER'S NAME					14. MOTHER	MAIDEN N	AME				
I		Gaulker					M	attie	Stewart	t		
	15. WAS DECEASED EVER	IN U. S. ARMED FORCES	? 16. SOCI	AL SECURITY NO.	17. IN!	ORMANT			Crowns	#ille	State	Hosp
p	Unk.	Unk.		Unk.		Hospit	al Re	cords	Crowns	sville	, Md.	
Ì		TH [Enter only one couse TH WAS CAUSED BY:									INTERVAL ONSET AN	BETWEEN D DEATH
	11201	IMMEDIATE CAUSE (a)	муоса	rdial In	llar	ction						
	Condition if an	DUÉ TO	Coron	ary Occl	1101	239						
	Conditions, if pr	nmediate (Duc 20	01 011	ary occi	usı	211						
	cause (o), stating t lying cause lost,	he under-	Arte	rioscler	osi	3						
	PART II. OTH	ER SIGNIFICANT CONDITI	ONS CONTI	RIBUTING TO DEAT	H BUT N	OT RELATED TO	O THE TERMIN	VAL DISEASI	CONDITION GIV	EN IN PART	1(a) 19. WA	SAUTOPSY
	2											ORMED?
	THE EITHER, NOTIFY	CAUSE OF DEATH	DESCRIBE	HOW INJURY OC	CURRED.	(Enter nature	of injury in P	art I ar Part	Il of item 18.)			
	ZOc. TIME OF INJURY				Oe. PLAC	E OF INJURY	(Hame, farm,	20f. (City	or town)	(Co	unty)	(State)
	¥ p. m.			Not while at work	rocio	ry, sireer, orne	e blog., etc.)					
	21. I certify the	at I attended the de	ceased fr	rom 2/17		, 19 56	, to 3.	/8	1957	that I la	est saw th	e deceased
	alive on 3/	/7		, and that c	leath d	accurred at	8:23a	.•M, fran	the causes a	nd an the	e date sta	ted abave.
		1 1/1		•			. A	ADDRESS (Si	reet, city or town,	state)		DATE SIGNED
7	ACTUAL SIGNATURE	pieces "	7.1		М	D	Uro	wnsvi	lle, Md	•	5/	0/57
	PHYSICIAN'S NAME (Type)	Ludwig Ben	edict	, M. D.								
	220 BURIAL, CREMATION REMOVAL (Specify)	N, 22b. DATE THEREOF	7 7	nt. au	ERY OR	CREMATORY		22d. 10CAT	TON (City, town, o	or county)	>h	ote)
	23. FUNERAL DIRECTOR'S	SIGNATURE /		ADDRESS	,		24a. REC'D	BY REGIST	RAR 24b REGIS	STRAR'S SIGN	NATURE	-
	Charles!	3. Lewis	1439	1 N.Beog	dw	all	DATE	3/12/	17 2	in.	Jam	es
ľ								1 ,	7		00	9

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DESCEDAR

	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
1	2479MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist, No. 2/
	PLACE OF DEATH O. COUNTY MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) O. STATE MARYLAND D. COUNTY MARYLAND
	b. CITY OR TOWN (Ill outside corporate limits, write RURAL and give nearest town)
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM
	ANNE ARUNDEL GEN. HOSP. WIS THERE NO
	NAME OF First Middle Lost 4. DATE Month Day Year DECEASED (Type or print) (Typ
	6. COLOR OF RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH WIDOWED DIVORCED JULY 15, 1890 9. AGE (1) year Months Doys Hours Min.
_/\	Oc. USUAL OCCUPATION (Give kind of work done of the kind of work done of the kind of working life, even if retired) RETIRED PAINTER BALTIMORE, MD. 12. CITIZEN OF WHAT COUNTY C. S.A.
I'	3. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
	JOSEPH STEEL ANNA MORAN
,	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Yes, no, as unknown) (If yes, give wor or dates of service)
1	THE STARL BALTO WIND
	18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] PARY I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Alexander Alexander Alexander
	Hido / Due to
	Conditions, if any, which (b)
	gove rise to immediate cause (a), stating the underlying DUE TO
	couse lost. (c)
0	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOP PERFORMED?
	YES NO. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port Lor Port II of item 18.)
	20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port Lar Port II of item 18.) CAUSE OF DEATH.
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, Hour o, m. While Not work of work
	21. I certify that I taak charge of the remains described above, held an Autopsy . Inspection . Inquiry . and find t
	death resulted from: Natural causes . Accident . Suicide . Hamicide . Undetermined cause .
	(b)/ 1/.
1	SIGNATURE M.D. CHIEF MEDICAL EXAMINER DATE SIGNED
	EXAMINER'S L'LONDER DEPUTY MEDICAL EXAMINER 3/39/3/
2	20. BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Slote)
	BURIAL 4-1-57. PARKWOOD CEM, TAYLOR AVE., BALTO, CO.
	3. FUNERAL DIRECTOR'S SIGNATURE 901 5. CONKLIN & ST. 249. REC'D BY REGISTRAR S SIGNATURE
0	

DECENALLY.

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BUREAU V. S.

2480 CERTIFICATE OF DEATH Reg. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived III institution: Residence before admission) o. COUNTY a. STATE b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAD and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN(III outside corporate limits, write RURAL and give nearest town) makelio d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION YES NO D NAME OF Middle DATE Month Day Year DECEASED DE DEATH (Type or print) 19 0 6_COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS B. DATE OF BIRTH bythoay) Manths Hours WIDOWED TO DIVORCED [10a. USUAL OCCUPATION (Give kind of work done 10b. KIND, OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) HOURSO UK 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 116. SOCIAL SECURITY NO 17 INFORMANT Address (If yes, give wor or dates of service) 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) 3 days **DUE TO** Conditions, if any, which gove rise to immediate **DUE TO** couse (a), stating the underlying cause lost, PART IL. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? ideno cencin ama atrius. Merrolis YES NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 206. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month. 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Day, Year 20d INJURY OCCURRED (County) (Stole) Hour a. n. foctory, street, office bidg., etc.) While Not while of work of work p. m. 21. I certify that I attended the deceased from, 19 Last saw the deceased and that death occurred at 10 A.M. from the causes and an the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. DOCATION (City, Jown, or county) (Stole) 23. FUNERAL DIRECTOR'S SIGNATURE 246 REGISTRAR'S SIGNATURE 24a, REC'D BY REGISTRAR

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

BUREAU V. S.

DECENARA

2 USUAL RESIDENCE (Where deceased fixed. If institution: Residence before admission

1 PLACE OF DEATH

Anne An	rundel		MARYLAND	o STATE Virgini	La .	b. COUNTY Prince	ce Wi	111a	m	
6. CITY OR TOWN (I RURAL and give no Annapolis		ts, write	c. LENGTH OF STAY IN 16	c. CITY OR TO	WN (If outside corp	orote limits, write Ri	URAL and	give near	rest town)	٧
d NAME OF HOSP T OR INSTITUTION	rin Ave.	ive street c		d STREET ADD	DRESS				ON AE	ENCE ARM?
3 NAME OF DECEASED (Type or print)	Victor		Lee Stur	g ill	4. DATE OF DEATH	March	9	Day	y Yes	E/7
5 SEX Female	6 COLOR OF RACE	7 MARRI	DIVORCED DI	B. DATE OF BIRTH	1877	9 AGE (In years lost highday)	IF UNDER	Days	Hours	24 HRS Min,
10a USUAL OCCUPATIO	ON (Give kind of work of king life, even if retired)	ione 10b.	OWN home	7 4	E (State or foreign	<u> </u>	12 CI		E WHAT C	OUNTR
James Rel	bbins			14 MOTHER'S M		nnel				
15. WAS DECEASED EVE (Yas no or unknown) No	R IN U. S. ARMED FOR (If you give wer or dorse of se None	CES? 16. 1		informant rs Fern N	icholson-	Addi Daughter-		Melv apol	in Av	7e.
	mmediate (Due To	Cer	refer (o), (b) and (c)]	ruler (Recid	ent.			PY O-	
lying cause fost) (c	DITIONS C	CONTRIBUTING TO DEATH BU	CELOSE T NOT RELATED TO TH	HE TERMINAL DISEA	SE CONDITION GIV	EN IN PAI	(N)	P WAS AU PERFORM YES 1	MED?
200 ACCIDENT WA	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	CRIBE HOW INJURY OCCURR	ED (Enter noture of s	njury in Part I or Pa	ort II of item 18)				
20c. TIME OF INJUR	Y Month, Day, Yes	While		LACE OF INJURY (Ho actory, street, office b		fy or town)	(Caunty)		(State)
21. I certify the alive an	at 1 attended the 9 MMK	decease 2, 19,5	6 from JAN 57, and that deat	20. 1957. h accurred at	HOUST M, fro	am the causes of Street, city or town.	ind an t		te stated	
PHYSICIAN'S NAME (Type)	Edward S. I	Beck_	M.D.	South	gate Ave.	Annapo	lis,	Mary	yland	
220. BURIAL, CREMAT C REMOVAL (Specify)	March 12		Stonewall M			ATION (City, town	or county)		(State)	
23 FUNERAL DIRECTOR		A	ADDRESS	2	40 REC'D BY REGIS		STRAR'S SI	GNATUR	£	

BUREAU V. S.

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MEGEIN

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 0252 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

102532 Reg. Dist. No.

1,	PLACE OF DEATH B. COUNTY						2. USUAL RESIDENC	E (Where	decease	ed lived. If institu	tion: Reside	nce befo	ore adm	ssion)	
		ne Arundel			M	ARYLAND	o STATE Same			b. COUNT	Same				
	b. CITY OR TOWN (If a and give negres) town)	autide corporate limits, write	RURAL	c.	LENGTH OF ST	TAY IN 1b	c. CITY OR TOWN		ide corp	orate limits, write	RURAL ond	give ne	orest la	wn]	
	Pasaden	8.		3	month	S	Same								
	d. NAME OF HOSPITA	L OR INSTITUTION (f not in	hospital,	give street ad	(dress)	d. STREET ADDRES	3\$					e. 15 R	ES DENCE A FARM?	
	Jacobsvi	lle					Same				NO □.				
3.	NAME OF First Middle Lost 4. DATE Month OF												Y	ear	
	(Type or print)	Noa	h		Hare	m S	ylvester	D	HTAS	March	1 1	8th	1	57	
5.	SEX	6. COLOR OR RACE	7. MA	RRIED	NEVER MAR	RIED 🔲 B	DATE OF BIRTH		1	9. AGE (In years last birthday)	IF UNDER			ER 24 HRS	
	Male	Whate	WIDO	WED 🗌	DIVORC	ED 🔲	7/27/11			4.5 ym.	Months	Days	Hours	Min.	
10	a. USUAL OCCUPATIO	N (Give kind of work of life, even if retired)	ione 10	b, KIND	OF BUSINESS	OR INDUST	RY 11. BIRTHPLACE (5	tote ar fo	огвідя со	untry)	12. CITIZ	EN OF	WHAT	COUNTRY?	
/ I m	lumber hel						Brunswi	ek.	Geor	ายาล	T	s.	. A.		
13	, FATHER'S NAME						14. MOTHER'S MAIDE								
1	?							?							
	. WAS DECEASED EVE	R IN U. S. ARMED FO		16. SOC	AL SECURITY I	NO. 17. 8	NFORMANT	-		Address					
		Marine	POLYPLO)	718-	-09-550	1 1	Mrs. Janet	Sylv	este	er (wife)					
		H [Enter only one cau	se per l									INTERY	AL BETWE	EN	
		H WAS CAUSED BY:		Chro	onic al	cohol:	ism					Olegen	AND DE	SCIN .	
	581.1	DUE TO													
	Conditions, if an	y, which) (b)		Fat	tty inf	iltra	tion of liv	er							
	gove rise to immedi (o), stoting the un	ote couse													
П	couse lost	(c).													
Z	PART II, OTHE		NOITIC	S CONTR	BUTING TO D	EATH BUT N	OT RELATED TO THE TE	RMINALI	DISEASE	CONDITION GIV	EN IN PART	I(a) 19			
Ϋ́												Y	PERFO	RMED?	
CERTIFICATION	20a. EXTERNAL CAUSE PRIMARY To ar CON CAUSE OF DEATH.	SE WAS TRIBUTING []	b. DESC	RIBE HO	W INJURY OC	CURRED. (E	nter nature of injury in	Part I or	Part 11 c	of Hem 38.)					
4 .	20c, TIME OF INJURY	Y Month, Day, Yea	r 20	M INJUI	RY OCCURRED	20e PLA	CE OF INJURY (Home, I	form. 20	Of. (City	or tawn)	(Cou	ntvì		(State)	
MEDICAL	Heur o. m.	19	W	/hile I work [Not while	foct	ory, street, office bldg.,	efc.)	,,	,	,,,,,,,	.,,		,,	
>	27 L					-	ve, held an Auto		7 1.						
				_					_	spection [_],	Inquiry	/ L.J.	and	find that	
	degin resurred	frame Natural	coose		Accident		cide [], Hamic	ide []	, Un	determined c	ause [
	ACTUAL /	1/11.	1/	2	Del -		e -	A office a seas							
	SIGNATURE	Jelliam	1/5/	1024			_M.D. CHIEF MEDICA		_						
	EXAMINER'S NAME (Type)	"illiam V	L	ovit	t, Jr.,	м.р.	ASSISTANT MEDIC				3	/19/	/57		
22	o. BURIAL, CREMATION REMOVAL (Specify)	N. 226. DATE THEREO	F	22c.	NAME OF CEA	METERY OR	CREMATORY	22d.	LOCATI	ION (City, town, o	or county)		(State	2)	
	Burial	March2	0/5	7	Glen H	laven		G	len	Burni	e.	Ma	rvl	a nd	
23.	FUNERAL DIRECTORS	1/ 1/	1		ADDRESS		24a. R	EC'D BY	·	1	TRAR'S SIG				
	11 reland L	Sungle	10-		Glen E	Burni	e, Md. DATE	Rance	21:	57 2	1200	PEC	the -		

VS. A15ME(5) 5M 9/55

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BUREAU V.

261 SS AAI,

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

A .V UAZRUA

DECENTED A COLUMNIA

T'A ATTITUDE

DEADE STATE

b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) ROPAL and give nearest lown ROPAL and give nearest limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, with give street address) ROPAL and give nearest lown ROPAL and give nearest lown ROPAL and give nearest limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, with give street address) ROPAL AND ROPA	Arunde write RURAL ond give nearest town) e. IS RESIDI ON A FA YES \(\) Month Day Yec R r ch 13 19 n yeors IF UNDER 1 YEAR IF UNDER 1982/15 12. CITIZEN OF WHAT CO
b. CITY OR TOWN (If outside corporate limits, write RRAL and give nearest fown) Bay Ridge d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION 3. NAME OF DECEASED If you or print) S. SEX 6. COLOR OR RACE WHIND IE WHOOWED DIVORCED DIVORCED March 13, 1875 SUBJULAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home 13. FATHER'S NAME Edward Spencer 15. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT H. NO 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE OF. DUE TO Conditions, if any, which gover itse to immediate log. DUE TO Conditions, if any, which gover itse to immediate log. DUE TO Color Town (if outside corporate limits, write and color provided in the street address) C. CITY OR TOWN (If outside corporate limits, write and color provided in the street address) A STREET ADDRESS 4. Bay Ridge 4. DATE OF WARD DETO DETO DETO COLOR INSTITUTION A STREET ADDRESS 4. DATE OF WARD DIVE TO DETO COLOR INSTITUTION C. CITY OR TOWN (If outside corporate limits, write and color provided in the street address) A STREET ADDRESS 4. DATE OF WARD PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE OF DUE TO Conditions, if any, which gover itse to immediate log. DUE TO Conditions, if any, which gover itse to immediate log. DUE TO Conditions to immediate log. DUE	Month Day Yes Months Days Hours 12. CITIZEN OF WHAT CO
RAY Ridge d. NAME OF HOSPITAL (If not in hospital, give street oddress) 3. NAME OF DECEASED (Type or print) 5. SEX 6. COLOR OR RACE 7 MARRIED NEVER	e. IS RESIDION A FA YES 1 N Month Day Yee RI'Ch 13 19 n yeers IF UNDER 1 YEAR IF UNDER 1 HOURS 12. CITIZEN OF WHAT CO Address X St NW, Washing
d. NAME OF HOSPITAL (If not in hospital, give street oddress) d. STREET ADDRESS 43 Bay Drive 3. NAME OF DECEASED (Type or print) MINNIE LEE WARD DEATH ME 5. SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED DIVORCED DIVORCED March March 10 USUAL OCCUPATION (Give kind of work done) during most of working life, even if retired) At Home 13. FATHER'S NAME Edward Spencer 15 WAS DECEASED EVER IN U. S. ARMED FORCES? (16. SOCIAL SECURITY NO. 17. INFORMANT H. NO 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o) Conditions, if gny, which gave rise to immediate to underly lying couse lost. (c) DUE TO (c)	Month Day Yee BI'Ch 13 19 n yeers IF UNDER 1 YEAR IF UNDER 1 HOURS Address Address K St NW, Washing
3. NAME OF DECASED (Type or print) MINNIE LEE WARD DEATH ME 5. SEX 6. COLOR OR RACE White WIDOWED DIVORCED DIVORCED March 13, 1875 E 10a USUAL OCCUPATION (Give kind of work done) during most of working life, even if retired) At Home 13. FATHER'S NAME LA MOTHER'S MAIDEN NAME Edward Spencer 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT H. NO 18. CAUSE OF DEATH Enter only one couse per line for (a), (b), and (c).] PART 1. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (b) Conditions, if any, which gave rise to immediate couse (o), stoling the under-lying couse lost. (c) DUE TO LEE WARD B. DATE OF BIRTH A. DATE WARD DEATH ME Anne Schaft 14. MOTHER'S MAIDEN NAME Anne Schaaf 15. CAUSE OF DEATH Enter only one couse per line for (a), (b), and (c).] PART 1. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (b) Conditions, if any, which gave rise to immediate (couse (o), stoling the under-lying couse lost. (c) DUE TO Let To Let WARD March 13. BRTHPLACE (Stote or foreign country) OXON Hill, Maryle 14. MOTHER'S MAIDEN NAME Anne Schaaf 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT H. John M. Joynt, 1401 K. JOHN M. JOYNT, 1401 K. DUE TO Conditions, if any, which gave rise to immediate (couse (o), stoling the under-lying couse lost.) DUE TO Lying couse lost.	Month Day Yee BI'Ch 13 19 n yeers IF UNDER 1 YEAR IF UNDER 1 HOURS Address Address K St NW, Washing
3. NAME OF DECEASED (Type or print) MINNIE LEE WARD DEATH ME 5. SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED B. DATE OF BIRTH 12 PAGE (1 lost birth 12) Female White WIDOWED DIVORCED March 13, 1875 100 USUAL OCCUPATION (Give kind of work done during most of working life, even if refired) At Home Oxon Hill, Maryle 13. FATHER'S NAME Edward Spencer 15 WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT H. (1/4), No. or unknown) NO IB. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY. (b) IMMEDIATE CAUSE (a) Social SECURITY ACLUSATION ACLUS CONTINUED MARKED ACLUS (b). and (c).] PART I. DEATH WAS CAUSED BY. (b) Gove rise to immediate cause (a), stating the underlying couse lost. (c) Social SECURITY ACLUS CONTINUED ACCUSE (a), stating the underlying couse lost. (c)	Address Address St NW, Washing
(Type or print) MINNIE LEE WARD DEATH ME 5. SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED B. DATE OF BIRTH 12 9 AGE (n yeors if UNDER I YEAR IF UNDER THOOPS AND HOURS AND USA Address K St NW, Washing
Temale White WIDOWED DIVORCED March 13, 1875 E	12. CITIZEN OF WHAT CO
Female White WIDOWED DIVORCED March 13, 1875 100 USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Edward Spencer 15 WAS DECEASED EVER IN U. S. ARMED FORCES? [Yes, no. of whitnown] III yes, give wor or dates of service] 16. SOCIAL SECURITY NO. 17. INFORMANT H. NO 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART 1. DEATH WAS CAUSED BY. MMEDIATE CAUSE (o). Conditions, if any, which gave rise to immediate cause (o), stoling the under-lying couse lost. (c).	12. CITIZEN OF WHAT CO
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At Home 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Edward Spencer 15. WAS DECEASED EVER IN U. S. ARMED FORCES? [16. SOCIAL SECURITY NO. 17. INFORMANT H. NO 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART 1, DEATH WAS CAUSED BY, IMMEDIATE CAUSE (o) Conditions, if any, which gave rise to immediate couse (o), stoling the under-lying couse lost. BUE TO Conditions, if any, which gave rise to immediate (c) Lying couse lost. Conditions, if any, which (c) DUE TO (c)	Address K St NW, Wwshing
13. FATHER'S NAME Edward Spencer 15. WAS DECEASED EVER IN U. S. ARMED FORCES? [16. SOCIAL SECURITY NO. 17. INFORMANT H. JOYnt, 1401 K. NO. 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART 1, DEATH WAS CAUSED BY, IMMEDIATE CAUSE (o) Conditions, if any, which gave rise to immediate couse (o), stoting the under lying couse lost. 14. MOTHER'S MAIDEN NAME 14. MOTHER'S MAIDEN NAME Anne Scheaf 15. MOTHER'S MAIDEN NAME 16. SOCIAL SECURITY NO. 17. INFORMANT H. JOYnt, 1401 K. JOYnt, 1401 K. JOYnt, 1401 K. JOYnt, 1401 K. 16. SOCIAL SECURITY NO. 17. INFORMANT H. JOYnt, 1401 K.	Address K St NW, Wwshing
15 WAS DECEASED EVER IN U. S. ARMED FORCES? [16. SOCIAL SECURITY NO. 17. INFORMANT H. If yes, give wer or darks of tervice] 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART 1. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o). Causheverseulous according to the mediate cause (o), stoling the underlying couse (o), stoling the underlying couse lost. 16. SOCIAL SECURITY NO. 17. INFORMANT H. JOYNT, 1401 K. John W.	K St NW, Washing
15 WAS DECEASEDEVER IN U. S. ARMED FORCES? [16. SOCIAL SECURITY NO. 17. INFORMANT H. If yes, give wer or deries of services 16. SOCIAL SECURITY NO. 17. INFORMANT H. John M. Joynt, 1401 K. 18. CAUSE OF DEATH [Enter only one couse per line for {0}, {b}, and {c}, } PART 1. DEATH WAS CAUSED BY. IMMEDIATE CAUSE {0}. Caushavastualar acticalant but to conse (o), stoling the under-lying couse lost. 16. SOCIAL SECURITY NO. 17. INFORMANT H. Joynt, 1401 K. J	K St NW, Washing
NO John M. Joynt, 1401 K 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART 1. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o) SIX DUE TO Canditions, if any, which gave rise to immediate couse (o), stating the under-lying couse lost. DUE TO (c)	INTERVAL BETW
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I, DEATH WAS CAUSED BY, IMMEDIATE CAUSE (o), DUE TO Conditions, if any, which gove rise to immediate couse (o), stating the under- lying couse lost. 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I, DEATH WAS CAUSED BY, IMMEDIATE CAUSE (o), Surface of Conditions o	INTERVAL BETW
Canditions, if any, which gave rise to immediate couse (a), stating the underlying couse lost. DUE TO DUE TO (c)	ONSET AND DE
Canditions, if any, which gave rise to immediate couse (a), stating the underlying couse lost. DUE TO DUE TO (c)	
gave rise to immediate couse (a), stating the under- lying couse last. (c)	·
gave rise to immediate couse (a), stating the under- lying couse lost. Column 10	
lying couse lost. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITI	
	ON GIVEN IN PART 1(0) 19. WAS AU
	YES N
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITIONS 20a. ACCIDENT WAS UNDERLYING TO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port 11 of Hem OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	18.)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While Not while of work of w	(County)
p. m. 19 of work at work	
21. I certify that I attended the deceased from 1965, to March 13	19 <u>5</u> , that I last saw the de
	uses and on the date stated
ADDRESS JSIreel, city o	
1 SIGNATURE MAN G. 18 driver M.D. Go Ca Mediat	OST - Mushi
PHYSICIAN'S	1.
NAME (Typo) Clumping	Wel.
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City.	, lown, or county) (State)
Cremation 3/16/57 Cedar Hill Crematory Suitland	d Maryland
23. FUNERAL DIRECTOR'S SIGNATURE 1756 Pennsylvania, Av 20. REC'D BY REGISTRAR 24	b. REGISTRAR'S RIGNATURE

4

BUREAU V. S.

7261 31 AAN

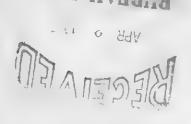
BECEINED

5M 9/55

2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission Same c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) e. IS PESIDENCE ON A FARM? YES NO TO Yeor March 26th. 1957 IF UNDER TYEAR IF UNDER 24 HRS Months 12. CITIZEN OF WHAT COUNTRY? U.S.A. INTERVAL BETWEEN ONSET AND DEATH Sudden 2 years PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 19. WAS AUTOPS) PERFORMED? NO EX (County) (Stole) In the back yard of home. Glen Burnie Inquiry A and find that Undetermined cause DATE SIGNED 22d. LOCATION (City, town, or county) (State) n RFD Mary Land Glen Burnie. Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18





MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

BUREAU V. S.

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131-358

	1			MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
	(Ital	3 1		. 2481 CERTIFICATE OF DEATH
2000	director,	1	1	PLACE OF DEATH O. COUNTY O. STATE O. STATE D. COUNTY D. COUNT
dearn.	funeral fi			b. CATY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
ors arier	by the d	MA		d. NAME OF HOSPITALITY of in haspital, give street address) d. STREET ADDRESS d. STREET ADDRESS ON A FARM? YES NO 19 VES NO 19 NO
n 24 ha	Tilled in Jes 1 on		3	NAME OF DECEASED Corporate Services And Andrew Cost Services Cost Servic
MIN MIN MIN MIN MIN MIN MIN MIN MIN MIN	oletely f		5	SEX 6. COVOR OR BACE 7. MARRIED NEVER MARRIED 6. DATE OF BIRTH 9. AGE (In years lif UNDER 1 YEAR IF UNDER 24 HES. lost birthday) Marries Days Hours Min.
execute	and cample! bon papers. er death.	t	-[1	do USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign toughty)
ate be	ysician a ove corbo ours ofter	(1	ATHER'S NAME Character Trees June 14 Mother's Maiden NAME Trees June 1
certific	선본국			WAS DECEASED EVER IN U. S. ATMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (III PER, gylo major delen of service) 16. SOCIAL SECURITY NO. 17. INFORMANT (IV) Con no. or unknown) (III PER, gylo major delen of service) (IV) Con no. or unknown)
e death	altending in please re t within 72			18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ONSET AND DEATH ONSET AND DEATH
that t	l by the hit. The ny even	ŀ		492 X DUE TO Conditions, if any, which) (b)
require: on,	sit pern			gave rise to immediate couse (a), stating the under-lying cause last. OUE TO
he low physici	nas beer rial-tran noval, a	C	CATION	
tending	ificate the bu		CERTIFI	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
ol or of	this cert r use as emotiar		MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour a. ft. p. m. 19 of work of wor
e haspil	d fo			21. I certify that attended the deceased from 2-25, 19 37, to 19 that I last saw the deceased alive on 19 57, and that death occurred at 4 Pe M, from the causes and on the date stated above.
x Alle	De de			ACTUAL SIGNATURE ACTUAL M.D. 62 C. Hickard 3-26-5
ITAL U	RERAL DII 3 should gistrar pr		Ĺ	PHYSICIAN'S Haive W. Allen 62 Cathedral St 3-26-57
may be	D FUNER poge 3 s the regist		2	SEMPLIAL, CREMATION, 226. DATE THEREOF 220 NAME OF CEMETERY OR CREMATORY 220 TOCATION (City, town, or county) (Stope)
VS.	(15 (4) . 9/55	. k	23	FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS DATE DATE ADDRESS ADDRES
			4	VVVVVVVV

DUREAU V. 2

1501 / 15051K

	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	02538
	02529 CERTIFICATE OF DEATH Reg.	Dist. No.
1.	PLACE OF DEATH a. COUNTY AND 2. USUAL RESIDENCE (Where deceased lived. If institution, Reside a. STATE NIAF 4/A NA b. COUNTY AND	lence before admission) NFAFUN
	b. CITY OR TOWN (If outside corporate limits, write RURAL and ALLA ON Give placest town) ALLA ON GIVE PLACE TOWN (If outside corporate limits, write RURAL and ALLA ON GIVE placest town)	
	d. NAME OF HOSPITAL (If hat in hospital, give street address) ORINSTITUTION ATUNE ATUNE SENTENDED ATUNE SE	e is residence on a farm? YES NO
	NAME OF DECEASED (Type or print) RACHE CALITERINE WATES DEATH 3	Sy Year
	WIDOWED DIVORCED DIVO	8
1	during most of working life, exes if religed) NONE ARNO L	S, A,
I L	JAMES WOODS LOUISE HENESMA	4 N
	(es, no or unknown) (If yes, give wor or dates of service) 16. SOCIAL SECURITY NO. 17 INFORMANT SAMUEL MATES AINC	Id Md.
	18. CAUSE OF DEATH [Enter only one cause per fine for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: [MMEDIATE CAUSE (a)]	INTERVAL BETWEEN
	Conditions, if ony, which gave rise to immediate cottse (a), stating the underlying couse lost. DUE TO OUT T	
i de la companya de l	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN P	ART 1(a) 19. WAS AUTOP PERFORMED? YES NO
1000		
24 CASO	20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED Hour a. m. 19 at work at work 19 at work	(County) (Sto
	alive on March 37, 1937, and that death occurred at 21611M, from the causes and on	
	ACTUAL SIGNATURE R. L. Richard day M.D. 110 - Clay T. C. M. G.	Ll, W. Sf
2	20. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (Gity, town, or county	(State)
	REMOVAL (Specify) 2/3//57 Mt. CALLAND AFILO CO.	140

BUREAU K. L.

DECEUVED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

BECEINED IN TO SERVING TO SERVING THE SERV

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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours offer death. Page 4

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

02521 CERTIFICATE OF DEATH 02540

L		V	1300	7				•		Reg. Di	il. No.	, ,
1.	PLACE OF DEATH					2. USUAL RES	IDENCE (Wh	ere decease	d lived. If insti		ce before od	(mission)
		A.Co.		MARY	LAND	o. STATE	Md.		b. COUN	A.A.	·Co.	
Γ	b. CITY OR TOWN (RURAL and give n	If outside corporate lim	its, write	c. LENGTH OF STAY	IN 1b	c CITY OR	TOWN (If o	utsida corpo	rote limits, writ	e RURAL ond	give riegrest	town)
	Sever			2yrs.	l l	XaSev	ern					
	d NAME OF HOSPIT OR INSTITUTION	TAL (If not in hospital,	give stree!	oddress)		, d. STREET					e. IS	RESIDENCE
L	OK III GIII OILOIT	Box 205	Rt	. 2		Box	205	Rt.	2			S NO
3.	NAME OF	Fi	rst	- Middle		Lo	ist	4. DATE	A	Aonih	Day	Year
Н	(Type or print)	ESTHER			1	WEST		OF DEATH	March	3,	,	19 57
5	SEX	6. COLOR OR RACE	7. MARR	IED NEVER MARRI	ED 🗀 8	DATE OF BIR	гн		9. AGE (In year	IF UNDER	1 YEAR IF U	NOER 24 HRS
	Female	Col.	WIDOWI	DIVORCE		pril	3.188	8	lost birthdo;	7) Months	Days Ho	Min,
10	during most of wor	ON (Give kind of work king life, even if retired	done 10b.	KIND OF BUSINESS C	R INDUS	TRY 11. BIRTHE	LACE (Stote	or foreign c	ountry)	12. CIT	ZEN OF W	HAT COUNTRY
L	House	wife	"			Key	svill	e '	Va.	U.S	5 . Á .	
13	FATHER'S NAME					14 MOTHER	S MAIDEN N	AME				
L	Sidney	Johnson				Ann	ie B	olde	n			
15		R IN U. S. ARMED FOR		SOCIAL SECURITY NO	. 17, IN	PORMANT			A	ddress		Md.
Ľ	No	(j g. t. w. t. d.			E	lizabe	th C	asey	Box	205 Rt	t. 2	Severn
	18. CAUSE OF DEA	ATH [Enter only one co	ouse per lin	ne or (a), (b), and (c)	Y)		-				L BETWEEN
L	PART I. DEA	TH WAS CAUSED BY:) Z	Han ()	m	aum	non	10			ONSET A	IND DEATH
П	490X	DUE TO		2 -	11		- 0	10	0.	1		7
L	Conditions, if a		1 (1	cule	CO	YEVY	alo	an	myo	2	30	an
L	gove rise to i			1.	0							1
١	lying couse lost.) (c)	Sen	ete	4						
CATION	PARE II. OT	HER SIGNIFICANT CON	DITIONS C	ONTRIBUTING TO DE	ATH BUT I	NOT PENATED Y	O THE TERMIN	VAL DISEAS	E CONDITION	GIVEN IN PART	1(o) 19 W	AS AUTOPSY
							-			_		□ NO K
CERTIFI	OR CONTRIBUTING	CAUSE OF DEATH	206. DES	CRIBE HOW INJURY O	CCURRED	. (Enter noture	of injury in P	ort I or Por	t II of item 18)			
Б.		MEDICAL EXAMINER)										
MEDICAL	20c. TIME OF INJUR	Y Month, Day, Ye	or 20d. If	NJURY OCCURRED	20e. PLA	CE OF INJURY ory, street, offic	(Home, farm,	20f. (City	or lown)	(0	County)	(State)
ME	p. m.	19		Not while	_,				644			
	21. I certify th	at I attended the	decease	ed fronte A	6-	5,16	_ 10/11	arc	1 -50	Z that I !	ast saw t	he deceased
	alive on 119	ych 3-	512/	and that	death	occurred at	917	M. from	n the cause:	-		
П	1/1	11		inte					freet, city or lov		17	DATE SIGNED
Н	SIGNATURE	11/4/10/	MAI	vo cee	M	i.D	11	110	alon	c m		
L	PHYSICIAN'S	11.0	. / .				03		20.0			
L		loseph L	ipsk	<u> </u>			Oden [*]	ton	Md.			
27 Y	O. BURIAL, CREMATIC			22c. NAME OF CEM					ION (City, tow		(Stote)
L	BUENGYALISPOCHY)	Mar.6,1	957	11	urn	Cem.		Bal-	to.	Md.		
23	FUNERAL DIRECTOR	S SIGNATURE		ADDRESS 3	22/	V.	24a. REC'D	BY SECIST	RAR 246. RE	GISTRAR'S SIG	NATURE	7
L	Maxater	U.Will	Ame	Schro	eder	/ St.	DATE 39	\$15	7 CL	and	Facle	46

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VS A1S (4) 1SM 9/SS

a. COU A b. CITY RURA 股份	OF DEATH INTY Inne Art			-						st. No.		
RURA MHX				MARY	- 11	2. USUAL RESIDENCE (WI a. STATE Marvland	nere deceased	lived, If institut b. COUNTY		ce befo		ion)
Enr	OR TOWN (If	autside corporate limi	ts, write	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (If o	utside corpore	ate limits, write l	RURAL and	give nec	rest low	n)
	timore	Annapolis		2 Hrs 40	min	Baltimore	. v.					
OR I	INSTITUT ON	Mosnital,		apolis, Md.		d street address	tview 1	Road				NO L
DECEAS (Type o	SED	Arthur	st	Middle Jay		VHLTE	4. DATE OF DEATH	Marc		Do 20		Year 19 57
SEX		6. COLOR OR RACE	7. MARE	HED A NEVER MARRIE	D B.	DATE OF BIRTH	1	AGE (In years				7
rla	le	White	WIDOWI	DIVORCE		11-15-89		last birthday) 67 yrs.	Months	Days	Haurs	Min.
U.S.	Navy	N (Give kind of work on life, even if retired)	dane 10b.	KIND OF BUSINESS O	R INDUSTR	11. BIRTHPLACE (Stole Oh		untry)		U.S.		COUNTR
3. FATHER	R'S NAME					14. MOTHER'S MAIDEN N	IAME					
Art	hur WHI	TE				Florence B	OWMAN					
{Yes, no. or s	DECEASED EVER	IN U. S. ARMED FOR 1 yes, give war or dates of a 1917-1947	CES? 16. ervicel 5	7 8-44-2645	_{_	ORMANT WH RECORDS		Add	lress		***	
Con gaye	PART I, DEAT	H WAS CAUSED BY: IMMEDIATE CAUSE (o DUE TO y, which (b) mediate	In	ne for (a), (b), and (c).	,	rdium				ONS	ET AND	DEATH
CATION			DITIONS C	CONTRIBUTING TO DEA	NTH BUT NO	OT RELATED TO THE TERMI	NAL DISEASE	CONDITION GIV	EN IN PAR	(1(o) 1	PERFC	AUTOPSY PRMED?
G HIF EIT	ACCIDENT WAS ONTRIBUTING THER, NOTIFY	UNDERLYING CAUSE OF DEATH AEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OF	CCURRED	(Enter nature of injury in I	Part E or Part	ll of item 18.)				
	ME OF INJURY Have a. m. p. m.	Month, Day, Yes	White at war	Not while k at work	20e. PLAC factor	E OF INJURY (Hame, farm ty, street, affice bldg., etc.	20f. (City	or lown)	(0	County)		(State
alive ACTU	on_26_M					Dec	P.M. from ADDRESS (SHO		and on th		e state	
NAME 220. BURIA	Е (Туре)	R. K. MOXO		DR. MC. USN 22c NAME OF CEME		26 Marc		ON (City, town,	ar county)		(Stat	e)
REMO	ial	April 1.	57	Arlington	22			ngten. V				

BUREAU V. S.

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DECENTED

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

EUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 02534 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Rea. Dist. No emotion I. PLACE OF DEATH 2. USUAL RESIDENCE (Where decemed lived. If institution: Residence before admission) o. COUNT a. STATE b. COUNTY MARYLAND c. CITY OR TOWN [If outside corporate limits, write RURAL and give nearest town]. b. CITY OR TOWN (If outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 formed it was manufact town d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE ON A FARM? YES NO NO 20 NAME OF Middle 4. DATE Day Year DECEASED (Type or print) DEATH 195 9. AGE (In years 5. SEX 6. COLOR OR RACE 7. MARRIED M NEVER MARRIED IF UNDER TYPAR IF UNDER 24 HRS. DATE OF BIRTH Months Dovs Hours Min. WIDOWED | DIVORCED [YES. 11. BIRTHPLACE (Stote of foreign country) 12. CITIZEN OF WHAT COUNTRY? 10a. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY during/most of working life, every's retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME HOY Pages age 5 r Poge 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address (If yes, give war at dates of service) 18. CAUSE OF DEATH [Enter only one cause per line fer (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) **DUE TO** Conditions, if any, which gove rise to immediate cause (a), stoting the underlying couse lost. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINALDISEASE CONDITION GIVEN IN PART 1(6) 19 WAS AUTOPSY ô PERFORMEDA 20a, EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Emery noture at thijury in Port I or Port II of item 18.) PRIMARY OF CONTRIBUTING ward " CAUSE OF DEATH. 20c TIME OF INJURY 20d. INJURY OCCURRED PLACE OF INJURY (Home, form, Month, Day, Year i 20f. (City ar town) (County) factory, street, affice bldg., etc.) Not while of work at work 21. I cartify that I took charge of the remains described above, held an Autopsy ... Inspection Inquiry [and find that Natural causes Accident Suicide Homicide . Undetermined cause certificate, ed to the IAL DIREC DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATUR cute the cert forwarded to 5 FUNERAL I ASSISTANT MEDICAL EXAMINER **EXAMINER'S** DEPUTY MEDICAL EXAMINER F NAME (Type) BURIAL, CREMATION, 22b. DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) REMOVAL (Specify) 0 **ADDRESS** FUNERAL DIRECTOR'S SIGNATURE 24a. REC'D, BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS. A15ME(5) 5M 9/55

BUREAU V. S.

DELVIEW II AM

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02543 02533 MEDICAL EXAMINER'S CERTIFICATE OF DEATH should be cremation Reg, Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUMT b. COUNT o. STA MARYLAND b. CITY OR TOWN III outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR JOWN (If outside corporate limits, write RURAL and give nearest town) 0 d. NAME-OF HOSPITAL OR INSTIBUTION (If not in hospital, give; street address) . IS RESIDENCE d. STREET ADDRESS prior ON A FARM? YES 📋 NO 🔽 NAME OF Middle DATE Siret. Month Day Year DECEASED (Type or print) DEATH 195 6. COLOR OR RACE 7- MARRIED IFUNDER TYEAR NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 24 HRS. fent berthday) Hours Min. WIDOWED [DIVORCED with 0 yrs ö 10a, USLAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY during most of working life, even if retired) 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? P ~ oug ond å may 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME poder Page 5 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address File Ill yes, give wer or dates of service Give 18. CAUSE OF DEATH | Enter only one cause per line for Art. (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Kij. Canditions, if any, which olang gove rise to immediate couse DUE TO (a), stating the underlying couse last. O Office PART II. OTHER SIGNIFICANT CONDITIONS CONTR BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY ö PERFORMED? 0 used NO iner's 20g EXTERNAL CAUSE WAS PR MARY ☐ or CONTRIBUTING ☐ 20b DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18) CAUSE OF DEATH. Phoons MEDICAL 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20f. (City or town) (County) (State) factory, street, office bldg , etc.) White O. m. Not while m at work at work Medi 21. I certify that took charge of the remains described above, held an Autapsy Inspection Inquiry and find that Accident Suicide Homicide X Undetermined couse DATE SIGNED SIGNATURE CHIEF MEDICAL EXAMINER 00 forwarded to FUNERAL ASSISTANT MEDICAL EXAMINER EXAMINER'S cute tho NAME (Type) DEPUTY MEDICAL EXAMINER TO BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, lown, or county) REMOVAL (Specify) 0 LINCO 25 FUNERAL DIRECTOR'S EIGNATURE ADDRESS 24a. REC'D BY REGISTRAR 246 TEGISTRAT'S SIGNATURE VS. A15ME(5)

EXAMINER:

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BUREAU V. L.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

02575 CERTIFICATE OF DEATH

02545 31 Reg. Dist. No.

			12 12 1 1													
1	PLACE OF DEATH a. COUNTY Anne A:	rundel		MARYL	AND	2 USUA o. STA	L RESIDENCE (W		ed lived. If institute to COUNTY	tion I	Residence	before o	dmission ty)		
Γ	RURAL and give ne		ls, write	c. LENGTH OF STAY II		c. CIT		OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore City								
	Crownsv			- 0	ays			nore (rity		* **					
	OR INSTITUTION	At (If not in hospital, g				d. STREET ADDRESS 2434 Druid Hill Avenue 6 IS RESIDENCE ON A FARM? YES NO										
3.	NAME OF DECEASED (Type or print)	Fir Jose		Middle Alex	ande	er	last Wilson	4. DATE OF DEATH		onlh 3		Doy 7	Yeo 19-	57		
5.	SEX	6. COLOR OR RACE	7. MADD	IED X NEVER MARRIED		DATE O	F RIPTH		9. AGE [In year	. [2F 1	JNDER 11	YEAR IE I				
]	Male	Negro	WIDOWE	DIVORCED		4,	/6/17		39 birthdoy)	Mg			offer 5	Min.		
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<u> </u>		rer		OIIK.									0 - 1	J .		
13.	FATHER'S NAME					14. MO	THER'S MAIDEN									
		h Wilson						ary W								
PY4	n. no. or unknown) . 1	If yes, give wor or dates of is	CESP [16	SOCIAL SECURITY NO.	1	FORMAN			Crowns	ldress :	le S	tate	Ho	5 TO =		
	Yes	Unk.		Unk.	Ho	ospi	tal Rec	ords	Crownsy					_		
	18. CAUSE OF DEA	TH [Enter only one co	use per lin	e for (a), (b), and (c).]								INTERVA	L BETW	EEN		
		TH WAS CAUSED BY-		ebral Vasc	ulai	c Acc	cident					ONSET	AND DE	ATH		
		DUE TO														
	Conditions, if a		Hyp	ostatic Pn	eumo	onia										
	gave rise to in	mmediate (7 1		-											
	cause (a), stating (the under- DUE TO														
_	lying cause lost.) (c														
٥				ONTRIBUTING TO DEAT												
CAI				nd cardiac								S+ YES	S N	(C)		
CERTIFICATION	20a, ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING C CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	TRIBE HOW INJURY OC	CURRED.	(Enter no	iture of injury in	Port I or Pa	rt II of 你他上码 工	• A	ccid	ent				
MEDICAL	20c. TIME OF INJURY Hour o. p., p. m.	Y Month, Day, Yeo	While	Not while at work			IURY (Home, farm, office bldg., etc		y or town)		(Cou	inty)		(Stole)		
	21 Leastifu th	at I attended the	decoor	of from 1/	23	10	52 . 3	/7	1957				.1			
	alive on 3/7	or runcinged inc	10 5	F"7	 	, [7	4:45	Day		,īn	at I las	st saw i	ine de	ceasea		
	ditae ou 55777	1		and that c	zeath c	occurre	d at	M, froi	m the causes	and	on the	date s	tated	abave.		
	ACTUAL SIGNATURE	Bullet	Me		м	.D			treet, city or town		·) 		3/8/	SIGNED		
	PHYSICIAN'S L	udwig Bene	dict	, M. D.												
220	BURIAL, CREMATION REMOVAL (Specify)	N. 226. DATE THEREO	57	22c. NAME OF CEMET	ERY OR	CREMATO	ory tous	22d. LOCA	TION (City, town,	or co	unty)	>	(Stole))		
23.	FUHERAL DIRECTOR	SIGNATURE	1	ADDRESS	0 1	ر ساسا	24a REC	D BY REGIS	TRAR 24b. REG	ISTRA	R'S SIGN	ATURE	-			
	Hollas	res Fun	enal	time !	Sill	11 /	DATE	1 10	57 2	5. 1	m	3/2	rer	Plan		

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Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY b. COUNTY MARYLAND Maryland Anne Arundel b. CITY OR TOWN the outside comporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town! Rural Annapolis DOA d. NAME OF HOSPITAL (If not in hospital, give street address)
OR INSTITUTION . IS RESIDENCE ON A FARM? U.S. Naval Hospital Box#112 Rt.#2 Edgewater, Md YES NO T NAME OF Middle 4. DATE Year DECEASED ZEPP Denton Rav 1057 March DEATH (Type or print) IF UNDER 1 YEAR IF UNDER 24 HRS 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years lost birthday) Months Dovs Cau. May 1894 WIDOWED T DIVORCED | 100. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) U.S. New Windsor Md. USN RET 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Unknown Unknown IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address U.S. Naval Hospital Records Yes 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH Thrombosis Coronary Artery left, anterior descen-PART I. DEATH WAS CAUSED BY: ding branch of. DUE TO Conditions, if any, which gove rise to immediate **DUE TO** couse (a), stoting the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES X NO 20d. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port III of item 18.) 20c. TIME OF INJURY Day. Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form. 20f. (City or town) (Stote) (County) factory, street, office bldg., etc.) a. m. Not while at work of work 21. I certify that I attended the deceased from. 3-6. _____, 19.57, that I last saw the deceased ______, 1957____, and that death occurred at 12:30a, from the causes and on the date stated above. ACTUAL SIGNATURE Hospital, Anna polis. Md. 3-6-57 PHYSICIAN'S NAME (Type) 220. BURIAL CREMATION. 22c. NAME OF CEMSTERY OR CREMATORY 22d, LOCATION (City, town, or county) (Stote) REMOVAL (Specify) 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 240. REC'D-BY REGISTRAR 24. REGISTRAR'S SIGNATURE

VS A1S (4) 15M 9/5S

HOSPITAL

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CERTIFICATE OF DEATH

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MAR 11 1957 -- SELLY ISON Y. S.

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22c. NAME OF CEMETERY OR CREMATORY

ADDRESS

Holv Rosary Cem.

VS A15 (4) 15M 9/55

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John M. Weber 401 S. Chester Street

220. BURIAL CREMATION, 225. DATE THEREOF

March

REMOVAL (Specify)

23. FUNERAL DIRECTOR'S SIGNATURE

240. REC'D BY REGISTRAR

German Hill Road Co

22d. LOCATION (City, town, or county)

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